

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

to a penuay fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·							
1. Corporate ID No.	2. Name of Corporation							
115892	Gift of Life Adoption Services, Inc.							
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address				City	<sup>Zip</sup> 02910		
Rhode Island	1051-1053 Park Avenue				Cranston			
5. Foreign corporation. Enter principal office address			City		State	Ζίρ		
<u></u>			<u> </u>					
6. Brief Description of the character	of the affairs which are	actually conducted in Rhod	e Island					
Initenn	ATIONA /	Adoption /	geny					
				II IN SPACES RE	FORE JUSTING AT	TACHMENTS		
Lather 12 Galland Carletter arrangement line ( ) Laminomination			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name					
President Name								
Donna L. Ricci			Street Address	Michael J. Ricci				
Sireet Address		***************************************						
1000 Frenchtown Rd City State Zip			. City	1000 Frenchtown Rd.				
East Greenwich		02818	1	Greenwich	R <b>I</b>	02818		
Secretary Name				Treasurer Name				
			Michae	Michael J. Ricci				
Michael J. Ricci Street Address			Street Address					
1000 Frenchtown Rd.			1000 Frenchtown Rd.					
City	State	Zip	City		State	Zip		
East Greenwich	RI	02818	East	Greenwich	RI	02818		
8. NAMES AND ADDRESSES	OF THE DIRECT	ORS: ("X" BOX FOR AL	<i>TACHMENT)</i> [ F	ILL IN SPACES B	EFORE USING A	TTACHMENTS		
THE NUMBER OF DIRECT	ORS OF A DOMES	TIC (RHODE ISLANI	) CORPORATIO	ON <u>SHALL NOT B</u>	E LESS THAN T	<u>HREE</u> (3). R.I.G.L. 7-6-23		
Director Name				Director Name				
Donna L. Ricci			Micha	Michael J. Ricci				
Street Address	Street Address	<u> </u>						
1000 Frenchton	1000 Frenchtown Rd.							
City	State	Zip	City		State	Ζψ		
East Greenwic	n RI	02818	East	Greenwich	RI	02818		
Director Name	Director Name							
Jill Sabatine								
Street Address			Street Address					
54 University	Avenue							
City	State	Zip	City		State	Zip		
Providence	RI	02906	l			The state of the s		
9. REGISTERED AGENT IN	RHODE ISLAND -	DO NOT ALTER - Ch	anges require	filing of Form 64	1 - R.I.G.L. 7-6-	13 / 7-6-78		
Agent Name			Address	Address				
Michael J. Ri	cci							
Address			City	City				
1053 Park Avenue			Cranston			02910		
	· · · · · ·	er the President Vice I			. 71	D ' Tourston		

This report must be signed by either the Presid

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			a same to	1,775,996.1

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Michael J. Ricci

Print or Type Name of Officer

Vice President