



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 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.

1. Corporate ID No. 277295		2. Name of Corporation KATRINA VICTIMS CENTER, INC		
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 45 BENEDICT STREET		City PROVIDENCE Zip 02907
5. Foreign corporation. Enter principal office address		City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROVIDE RELIEF FOR DISASTER VICTIMS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JAMES W. KEITH		Vice President Name GLORIA V. CASEY		
Street Address 306 DOUGLAS AVE		Street Address P.O. Box 40309		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI Zip 02940
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23				
Director Name JAMES W. KEITH		Director Name GLORIA V. CASEY		
Street Address 306 DOUGLAS AVE		Street Address PO Box 40309		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI Zip 02940
Director Name LIZZY COOK		Director Name		
Street Address 302 BUCKLIN STREET		Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State Zip
9. REGISTERED AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date JAN 07 2009

Check No. 077497

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

JAMES W. KEITH JAN 4, 2009  
Signature of Officer Date

JAMES W. KEITH  
Print or Type Name of Officer

PRESIDENT  
Title of Officer