

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 2007

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. Curporate ID No. 2. Name of Corporation 121-366 The Rebound Foundation	
3. State of Incorporation, 4. Corporate address in Rhode Island - Street Address Photos T S POND 2 IN 1 C N X AVE.	City Providence 02907 State zyp
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 Sybstance Abyse prevention AND FOUCATION	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS	
MARVIN BARNES	RA Ph TAY OC
Street Address 155 Grant ST.	Street Address 290 Tay Dudley ST
Framingham MASS. 21702	Providence R.T. 02907
Pame la Crittenden	MARVIN BARNES
Street Address 5 Metropolitan Ave.	Street Address 155 Grant St.
State HARK MASS, D2136 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACK 1. NAMES AND ADDRESSES OF THE DIRECTORS OF THE DIRE	Framing am MASS, 01702
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23	
Alan Baker	Joseph Caffey
Sirver Address LOOC. TSLAND	Street Address EDDY ST.
Calp Stanbury CT 06033	Providence R.I. 02905
Director Name John Fdes	Micheal Tanner
875 Centerville Rd. Bldg. One	58 R Clinton ST.
City WARWICK State R. I. 210 02886	Framingham MASS. 21702
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	

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. Some 5-12-0
21 LAM GUILM ARVIN BARNES
THE AG Print or Type Name of Officer THE AGO THE STORM THE OF OFFICER Form 631 Rev. 09/17