



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000164202		2. Exact name of the Corporation Shape Up Rhode Island			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Health Campaign that encourages Rhode Islanders to improve their health and lifestyle by increasing their physical activity levels and developing smart eating practices			
5. Principal office address 150 Chestnut St FL3		City Providence		State RI	Zip 02903
LIST ALL OFFICERS (NAMES AND ADDRESSES) (X: BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rajiv Kumar		Vice-President Name			
Street Address 18 Imperial Place, 6C		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Jared Meshekow		Treasurer Name			
Street Address 1521 Spruce St.		Street Address			
City Philadelphia	State PA	Zip 19102	City	State	Zip
LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (X: BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Anne Marie Connolly		Director Name Sachin Shah			
Street Address 5 Secluded Drive		Street Address 41 Harbor Close			
City Wakefield	State RI	Zip 02903	City New Haven	State CT	Zip 06519
Director Name Mary Flynn		Director Name			
Street Address 77 Onondaga Rd		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No. _____
 BY _____
 FOR SECRETARY OF STATE USE ONLY

FILED
JUN 19 2012
1707

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 _____ Date **06/06/2012**

Rajiv Kumar
 Print or Type Name of Officer

President
 Title of Officer