



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. 129763		2. Exact name of the Corporation The Alliance for Children, Inc.			
3. State of Incorporation Massachusetts		4. Brief description of the character of business conducted in Rhode Island International and domestic adoption agency providing services to birth parents and adoptive parents.			
5. Principal office address 500 Prospect Street		City Pawtucket		State RI	Zip 02860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Filis Casey			Vice-President Name None		
Street Address 206 Waban Street			Street Address		
City Newton	State MA	Zip 02468	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. 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 Weihang Chen			Director Name Jing Lin		
Street Address 44 School Street			Street Address 44 School Street		
City Gardner	State MA	Zip 01440	City Gardner	State MA	Zip 01440
Director Name Xiaozeng Wu			Director Name		
Street Address 44 School Street			Street Address		
City Gardner	State MA	Zip 01440	City	State	Zip
8. 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 BY

FILED

JUN 20 2012

10:55

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.

Filis M. Casey
Signature of Officer

6/18/2012
Date

Filis M. Casey
Print or Type Name of Officer

Chairman / President
Title of Officer