



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. 120580		2. Exact name of the Corporation Rekindling the Dream Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Rekindling the Dream Foundation supports the Providence Public Schools by assisting the School Board, School Department, individual schools and offices, other organizations, administrators, teachers, parents and students in raising and			
5. Principal office address 797 Westminster Street		City Providence	State RI	Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Keith Oliveira		Vice-President Name			
Street Address 63 Roanoke Street		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name		Treasurer Name			
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) ☐					
Director Name Susan F. Lusi		Director Name Colleen Jermain			
Street Address 797 Westminster St.		Street Address 797 Westminster St.			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name J. Michael D'Antuono		Director Name			
Street Address 797 Westminster St.		Street Address			
City Providence	State RI	Zip 02903	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

Form No. 631
Revised: 05/2012

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.

Keith Oliveira 06/27/2012
Signature of Officer Date

Keith Oliveira

Print or Type Name of Officer

President

Title of Officer

FILED

JUN 29 2012

BY Ce 173880

4. Brief description of the character of business conducted in Rhode Island

The Foundation supports the Providence Public Schools by assisting the School Board, School Department, individual schools and offices, other organizations administrators, teachers, parents and students in raising and managing funds in order to rekindle the dream of providing a deep and rich educational experience for all students.