



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000074562

2. Name of Corporation H.A.P.P.Y. Basket Program, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O JOHN JOHNSON
P.O. BOX 7611

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROGRAM OF HOLIDAY GIVING TO THOSE IN NEED.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	JAMIE JOHNSON	205 GANO ST. APT.3 PROVIDENCE, RI 02906 USA
SECRETARY	DANIEL CLARKE	2 THOMAS DRIVE CUMBERLAND, RI 02864 USA
PRESIDENT	JOHN JOHNSON	PO BOX 7611 CUMBERLAND, RI 02864 USA
VICE PRESIDENT	MELINDA ACOSTA	9A GASKIN LANE CUMBERLAND, RI 02864 USA
DIRECTOR	JOHN JOHNSON	PO BOX 7611 CUMBERLAND, RI 02864 USA
DIRECTOR	DANIEL CLARKE	2 THOMAS DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	JAMIE JOHNSON	205 GANO ST. APT.3 PROVIDENCE, RI 02906 USA
DIRECTOR	MELINDA ACOSTA	9A GASKIN LANE CUMBERLAND, RI 02864 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN E. JOHNSON 18 DANECROFT AVE. GREENVILLE, RI , RI 02828

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

Signed this 13 Day of July, 2012 at 9:20:14 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOHN E. JOHNSON

Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07