



**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. <b>000068562</b>		2. Exact name of the Corporation <b>Childhood Lead Action Project</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To prevent childhood lead poisoning through education, advocacy and mutual support.</b>			
5. Principal office address <b>1192 Westminster St.</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Joe Battaglia</b>			Vice-President Name <b>Thomas Armstrong</b>		
Street Address <b>125 Bayview Ave.</b>			Street Address <b>5 Dardmouth Ave.</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name			Treasurer Name <b>Bruce Phillips</b>		
Street Address			Street Address <b>8 Upton Ave.</b>		
City	State	Zip	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
<b>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"/></b>					
Director Name <b>Mary L. Hitt</b>			Director Name <b>Omar Bah</b>		
Street Address <b>11 Beufort St.</b>			Street Address <b>57 Parkis Ave. #1</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>Jhonny Leyva</b>			Director Name		
Street Address <b>109 Stansbury St.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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*

**FILED**

**JUL 18 2012**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

By *[Signature]*  
*CR # 6684*

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

**Joe Battaglia**

Print or Type Name of Officer

**Chairperson**

Title of Officer

*7/13/12*

Date