



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2012 JUL 24 AM 11:41

**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. <u>158443</u>		2. Exact name of the Corporation <u>Francis Gaslin Rescue home for children</u>	
3. State of Incorporation <u>providence</u>		4. Brief description of the character of business conducted in Rhode Island <u>67 Sorrento St. pro.</u>	
5. Principal office address <u>Ocean Sea Mission</u>		City <u>pro</u>	State <u>RI</u>
		Zip <u>02909</u>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
President Name <u>Ann L Koetea</u>		Vice-President Name <u>Rose Ross Dillon</u>	
Street Address <u>67 Sorrento St.</u>		Street Address <u>15 Wickon Rd.</u>	
City <u>pro.</u>	State <u>RI</u>	Zip <u>02909</u>	
Secretary Name <u>Henry M. Koetea</u>		Treasurer Name <u>Emugline Stewart</u>	
Street Address <u>67 Sorrento St.</u>		Street Address <u>135 Bandit St.</u>	
City <u>pro.</u>	State <u>RI</u>	Zip <u>02909</u>	
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
Director Name <u>Emugline Stewart</u>		Director Name <u>Rose Ross Dillon</u>	
Street Address <u>135 Bandit St.</u>		Street Address <u>15 Wickon Rd.</u>	
City <u>pro</u>	State <u>RI</u>	Zip <u>02909</u>	
Director Name <u>Ann L Koetea</u>		Director Name	
Street Address <u>67 Sorrento St.</u>		Street Address	
City <u>pro</u>	State <u>RI</u>	Zip <u>02909</u>	
<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 24 2012

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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.

Ann L Koetea  
 Signature of Officer Date

Ann L Koetea  
 Print or Type Name of Officer

Owner, president.  
 Title of Officer

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_ BY \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY