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.	2. Exact name of the Corporation
635079	The Genesis Project, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Food Pantry

5. Principal office address	City	State	Zip
10 Nixon Street	Cumberland	RI	02864

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Rodney S. Simonini	Bruce Bates
Street Address	Street Address
10 Nixon Street	44 Nate Whipple Highway
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864
Secretary Name	Treasurer Name
Michelle Powell Gallagher	
Street Address	Street Address
310A Shore Road	
City / State / Zip	City / State / Zip
Bourne / MA / 02532	

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Rodney S. Simonini	Bruce Bates
Street Address	Street Address
10 Nixon Street	44 Nate Whipple Highway
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864
Director Name	Director Name
Michelle Powell Gallagher	N/A
Street Address	Street Address
310A Shore Road	
City / State / Zip	City / State / Zip
Bourne / MA / 02532	

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

SEP 26 AM 10:55

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
SEP 26 2012
BY 179812
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.

Signature of Officer — Date: 9-25-2012

Rodney S. Simonini
Print or Type Name of Officer

Principal
Title of Officer

Form No. 631
Revised: 05/2012

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