



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. 552936		2. Exact name of the Corporation Credit's Cool			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CREDITS COOL MISSION IS TO EMPOWER CONSUMERS THROUGH VARIOUS EDUCATIONAL PROGRAMS DESIGNED TO ENABLE THEM TO NAVIGATE THE FINANCIAL MARKETPLACE IN AN INFORMED WAY, AND TO ESTABLISH LIFE LONG			
5. Principal office address 39 Warner Street		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Patricia Kidder			Vice-President Name Thomas Norton		
Street Address 7 Ridge Rd			Street Address 39 Warner St		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Martha Dennison			Treasurer Name		
Street Address 320 Standish Way			Street Address		
City Duxbury	State Ma	Zip 02332	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Patricia Kidder			Director Name Thomas M. Norton		
Street Address 7 Ridge Rd			Street Address 39 Warner Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Martha Dennison			Director Name		
Street Address 320 Standish Way			Street Address		
City Duxbury	State Ma	Zip 02332	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
 BY _____

FILED

MAR 01 2013

191511

12:24

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.

Patricia N. Kidder 2/27/13
 Signature of Officer. Date

Patricia N. KIDDER
 Print or Type Name of Officer

President
 Title of Officer