



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 **2013**

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. 790852		2. Exact name of the Corporation Stephen Marra Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Support organizations that provide food, housing, medical care and other assistance to vulnerable persons and provide food, shelter and veterinary care to animals.			
5. Principal office address 21 B Eagle Run			City Warwick	State RI	Zip 02818
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael Marra			Vice-President Name Brandon Sweet		
Street Address 243 Knight Street			Street Address 38 Durham Street #2		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
Secretary Name Doreen Bullock			Treasurer Name Doreen Bullock		
Street Address 21 B Eagle Run			Street Address 21 B Eagle Run		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
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"/>					
Director Name Michael Marra			Director Name Brandon Sweet		
Street Address 243 Knight Street			Street Address 38 Durham Street #2		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
Director Name Doreen Bullock			Director Name		
Street Address 21 B Eagle Run			Street Address		
City Warwick	State RI	Zip 02818	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

FILED

JUL 08 2013

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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.

Michael J. Marra
 Signature of Officer _____ Date _____

Michael Marra

Print or Type Name of Officer

President

Title of Officer