



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