



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. 127003		2. Exact name of the Corporation ACTS OF KINDNESS, INC	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROVIDE FOOD, CLOTHING, CHILDREN'S TOYS, + MEDICAL SUPPLIES FOR THE NEEDY + HOMELESS. BRING GIFTS TO SICK + ELDERLY, ASSIST IN OFFSETTING MEDICAL EXPENSES FOR THE NEEDY + DISABLED	
5. Principal office address 243 KNIGHT STREET		City PROVIDENCE	State RI Zip 02909
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name MICHAEL G. MARRA		Vice-President Name ROBIN M. ANTONI	
Street Address 243 KNIGHT STREET		Street Address 45 ANDRE BLVD. PO Box 115	
City PROVIDENCE	State RI	City GLENDALE	State RI Zip 02826
Secretary Name DEBRA L. LAMOUREUX		Treasurer Name DEBRA L. LAMOUREUX	
Street Address 64 LINDY AVENUE		Street Address 64 LINDY AVENUE	
City WARWICK	State RI	City WARWICK	State RI Zip 02889
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 G. MARRA		Director Name ORESTE P. D'ARCONTE	
Street Address 243 KNIGHT STREET		Street Address 30 JOHN STREET	
City PROVIDENCE	State RI	City ATTLEBORO	State MA Zip 02703
Director Name DOREEN BULLOCK		Director Name	
Street Address 21B EAGLE RUN		Street Address	
City EAST GREENWICH	State RI	City	State Zip 02818
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
 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.

Debra L. Lamoureux 7/4/13
 Signature of Officer Date

DEBRA L. LAMOUREUX
 Print or Type Name of Officer

SECRETARY
 Title of Officer