



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

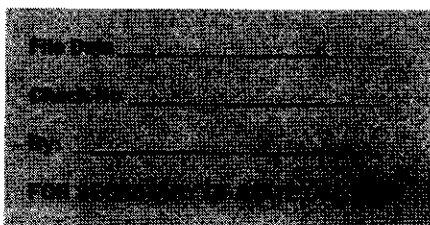
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. Entry ID No. 511857		2. Exact name of the Corporation Michael Robert Sousa Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Aid families in financial distress due to a child being stricken with a terminal illness.			
5. Principal office address 396 Benefit Street		City Pawtucket		State RI	Zip 02861
President Name Stephanie Sousa		Vice-President Name Gregg Sousa			
Street Address 350 Metacom Ave.		Street Address 3 Lee Street			
City Bristol	State RI	Zip 02915	City Pawtucket	State RI	Zip 02861
Secretary Name Linda Karsulavitch		Treasurer Name Deborah Nolette			
Street Address 66 Revere Street		Street Address 396 Benefit Street			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
7. List all persons who are directors, officers, and persons in control of the corporation. (List all names and addresses of directors, officers, and persons in control of the corporation. List all names and addresses of directors, officers, and persons in control of the corporation.)					
Director Name Deborah Nolette		Director Name Linda Karsulavitch			
Street Address 396 Benefit Street		Street Address 66 Revere Street			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Stephanie Sousa		Director Name Gregg Sousa			
Street Address 350 Metacom Ave.		Street Address 3 Lee Street			
City Bristol	State RI	Zip 02915	City Pawtucket	State RI	Zip 02861
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



Form No. 631
Revised: 05/2012

JUL 29 2013

By mne
CA # 122

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

Deborah Nolette

Print or Type Name of Officer

Treasurer

Title of Officer

Corporate ID No. 511857

2013

ATTACHMENT TO MICHAEL SOUSA FOUNDATION ANNUAL REPORT

Director name and address :

Pamela Porter
33 Esquire Street
Warwick, RI 02889

FILED

JUL 29 2013

By *mme*
JS # 511857