



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. 000 588417		2. Exact name of the Corporation Agape Commons Foundation	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Provides multi-faceted support to endeavors focusing on education, ecology, emotional/spiritual advancement and other projects and practices deemed to benefit mankind.	
5. Principal office address 1090 King's Hwy Ste #324		City New Bedford	State MA
		Zip 02745	
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Ka Lea		Vice-President Name David A. MacKenzie	
Street Address 22 Sandpiper Lane		Street Address 22 Sandpiper Lane	
City Acushnet	State MA	City Acushnet	State MA
Zip 02745		Zip 02743	
Secretary Name Ellen Hocker		Treasurer Name NONE	
Street Address 199 Old Main Rd		Street Address	
City North Fallmouth	State MA	City	State
Zip 02556		Zip	
. 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 Ka-Lea		Director Name David MacKenzie	
Street Address 22 Sandpiper Lane		Street Address 22 Sandpiper Lane	
City Acushnet	State MA	City Acushnet	State MA
Zip 02743		Zip 02743	
Director Name Ellen Hocker		Director Name NONE	
Street Address 199 Old Main Rd		Street Address	
City North Fallmouth	State MA	City	State
Zip 02556		Zip	
. 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

SEP 20 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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Ka Lea 9-17-2013

Ka Lea

President