



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. <u>791795</u>		2. Exact name of the Corporation <u>Bishop Robert E. Farrow Children's Center Inc.</u>					
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>To educate in all needs of community issues socially, politically, and for humanitarian needs, as well as for literacy outreach with city and state.</u>					
5. Principal office address <u>250 Auburn Street</u>		City <u>Cranston</u>		State <u>RI</u>	Zip <u>02901</u>		
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <u>Rev. Cynthia M. Farrow</u>		Vice-President Name		2013 NOV 25 AM 8:32 RECEIVED SECRETARY OF STATE CORPORATIONS DIV			
Street Address <u>250 Auburn St.</u>		Street Address					
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City			State	Zip
Secretary Name		Treasurer Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
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 <u>Debra Hollins</u>		Director Name <u>Christopher Hollins</u>					
Street Address <u>31 Bullocks Point Ave</u>		Street Address <u>31 Bullocks Point Ave</u>					
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u>	State <u>RI</u>	Zip <u>02109</u>		
Director Name <u>Addie Hollins</u>		Director Name					
Street Address <u>10 Cheryl Drive</u>		Street Address					
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02109</u>	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

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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.

Rev. Cynthia M. Farrow
Signature of Officer

Date

Rev. Cynthia M. Farrow
Print or Type Name of Officer

President
Title of Officer