



**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. <b>000140043</b>		2. Exact name of the Corporation <b>SINGLES IN M'OCEAN</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO BRING SINGLE ADULTS TOGETHER TO PARTICIPATE IN VOLUNTEER EVENTS WHICH BENEFIT THE COMMUNITY, ENVIRONMENT AND SUPPORT OTHER NON-PROFITS</b>			
5. Principal office address <b>200 MAYFIELD AVENUE, UNIT C 6</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02920</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>CYNTHIA M. BRANCA</b>		Vice-President Name <b>N/A</b>			
Street Address <b>200 MAYFIELD AVENUE, UNIT C 6</b>		Street Address			
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>DONNA TILLIER</b>		Treasurer Name <b>MARIA A. RUSSO</b>			
Street Address <b>10 COLUMBIA AVENUE</b>		Street Address <b>35B WATERVIEW DRIVE</b>			
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>RUTH SERVANT</b>		Director Name <b>ERIN CHICOINE</b>			
Street Address <b>117 SCENIC DRIVE</b>		Street Address <b>106 PONTIAC AVENUE, 2FL</b>			
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02916</b>
Director Name <b>BARBARA BELLAGAMBA</b>		Director Name			
Street Address <b>27 CROSS ROAD</b>		Street Address			
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</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 **FILED**

Check No **NOV 25 2013**

By: **49-211624**

FOR SECRETARY OF STATE USE ONLY

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.

**Cynthia M Branca** 11/08/13  
Signature of Officer Date

**CYNTHIA M. BRANCA**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer