



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 2012

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>000745090</u>		2. Exact name of the Corporation <u>Esther's Well Restoration Home</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Domestic Non Profit - Domestic Violence Human trafficking</u>	
5. Principal office address <u>19 Amity Street</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Lynette Lopes</u>		Vice-President Name <u>Marcu Mitchell</u>	
Street Address <u>Abbott Street</u>		Street Address <u>Abbott Street</u>	
City <u>Prov.</u>	State <u>RI</u>	City <u>Prov.</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02906</u>	
Secretary Name <u>Lisa DeCarlo</u>		Treasurer Name <u>Donna Sander</u>	
Street Address <u>6 Progress Street</u>		Street Address <u>19 Amity Street</u>	
City <u>Provt</u>	State <u>RI</u>	City <u>Prov.</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02908</u>	
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>Felicia D. Delgado</u>		Director Name <u>Donna Sander</u>	
Street Address <u>19 Amity Street</u>		Street Address <u>19 Amity Street</u>	
City <u>Prov</u>	State <u>RI</u>	City <u>Prov.</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02908</u>	
Director Name <u>LISA DeCarlo</u>		Director Name	
Street Address <u>6 Progress Street</u>		Street Address	
City <u>Provt</u>	State <u>RI</u>	City	State
Zip <u>02860</u>		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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer