



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

FILED

File Date _____

Check No _____

By _____

FOR SECRETARY OF STATE USE ONLY

MAR 06 2014
 11219252
 2:25

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: Felicia Delgado Date: 4/6/2014

Printer Type Name of Officer: Felicia Delgado Date: 4/16/2014

Title of Officer: Executive Director

2014 MAR 6 PM 2:25
 SECRETARY OF STATE
 CORPORATIONS DIV