



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 2014

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.<br><u>145607</u>                                                                                                                                   | 2. Exact name of the Corporation<br><u>BACK to SCHOOL Celebration of RI</u>                                                                                                                                                                                                                                        |                                             |                    |
| 3. State of Incorporation<br><u>RI</u>                                                                                                                              | 4. Brief description of the character of business conducted in Rhode Island<br><u>The Back to School Celebration of RI is a Non-Profit Organization whose Mission is Actively engaging families in their children's education and to provide school supplies for all that attend the annual celebration event.</u> |                                             |                    |
| 5. Principal office address<br><u>140 Cypress St.</u> City <u>Providence</u> State <u>RI</u> Zip <u>02902</u>                                                       |                                                                                                                                                                                                                                                                                                                    |                                             |                    |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                        |                                                                                                                                                                                                                                                                                                                    |                                             |                    |
| President Name<br><u>Jorge F. Cordenas</u>                                                                                                                          |                                                                                                                                                                                                                                                                                                                    | Vice-President Name<br><u>Grace Gantzer</u> |                    |
| Street Address<br><u>910 Park Ave, Apt. 6</u>                                                                                                                       |                                                                                                                                                                                                                                                                                                                    | Street Address<br><u>14 Teller St.</u>      |                    |
| City<br><u>Crauston</u>                                                                                                                                             | State<br><u>RI</u>                                                                                                                                                                                                                                                                                                 | City<br><u>Crauston</u>                     | State<br><u>RI</u> |
| Zip<br><u>02910</u>                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    | Zip<br><u>02920</u>                         |                    |
| Secretary Name<br><u>Deborah Miller</u>                                                                                                                             |                                                                                                                                                                                                                                                                                                                    | Treasurer Name<br><u>Elizabeth Wmangyu</u>  |                    |
| Street Address<br><u>201 HOFFMAN AVE.</u>                                                                                                                           |                                                                                                                                                                                                                                                                                                                    | Street Address<br><u>85 SYLVIA AVE</u>      |                    |
| City<br><u>Crauston</u>                                                                                                                                             | State<br><u>RI</u>                                                                                                                                                                                                                                                                                                 | City<br><u>North Providence</u>             | State<br><u>RI</u> |
| Zip<br><u>02920</u>                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    | Zip<br><u>02911</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<br><u>Jorge F. Cordenas</u>                                                                                                                           |                                                                                                                                                                                                                                                                                                                    | Director Name<br><u>Deborah Miller</u>      |                    |
| Street Address<br><u>910 Park Ave. Apt. 6</u>                                                                                                                       |                                                                                                                                                                                                                                                                                                                    | Street Address<br><u>201 HOFFMAN AVE.</u>   |                    |
| City<br><u>Crauston</u>                                                                                                                                             | State<br><u>RI</u>                                                                                                                                                                                                                                                                                                 | City<br><u>Crauston</u>                     | State<br><u>RI</u> |
| Zip<br><u>02910</u>                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    | Zip<br><u>02920</u>                         |                    |
| Director Name<br><u>Louise Richards</u>                                                                                                                             |                                                                                                                                                                                                                                                                                                                    | Director Name                               |                    |
| Street Address<br><u>387 George Arden Ave.</u>                                                                                                                      |                                                                                                                                                                                                                                                                                                                    | Street Address                              |                    |
| City<br><u>Warwick</u>                                                                                                                                              | State<br><u>RI</u>                                                                                                                                                                                                                                                                                                 | City                                        | State              |
| Zip<br><u>02886</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

FILED

APR 18 2014

BY 222653

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

Jorge F. Cordenas  
Print or Type Name of Officer

Title of Officer