



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. <u>145607</u>		2. Exact name of the Corporation <u>BACK to SCHOOL Celebration of RI</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <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</u>	
5. Principal office address <u>140 Cypress St.</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>for all that attend the annual celebration event</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Jose F. Cardenas</u>		Vice-President Name <u>Grace Gantzer</u>	
Street Address <u>910 Park Ave, Apt. 6</u>		Street Address <u>14 Tallef St.</u>	
City <u>Crauston</u>	State <u>RI</u>	City <u>Crauston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02920</u>	
Secretary Name <u>Deborah Miller</u>		Treasurer Name <u>Elizabeth Wnanyan</u>	
Street Address <u>201 HOFFMAN Ave.</u>		Street Address <u>85 SYLVIA Ave</u>	
City <u>Crauston</u>	State <u>RI</u>	City <u>North Providence</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <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 <u>Jose F. Cardenas</u>		Director Name <u>Deborah Miller</u>	
Street Address <u>910 Park Ave. Apt. 6</u>		Street Address <u>201 HOFFMAN Ave.</u>	
City <u>Crauston</u>	State <u>RI</u>	City <u>Crauston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02920</u>	
Director Name <u>Louise Richards</u>		Director Name	
Street Address <u>387 George Arden Ave.</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	City	State
Zip <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

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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 _____

Jose F. Cardenas
Print or Type Name of Officer

Title of Officer _____

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SECRETARY OF STATE
CORPORATIONS DIV