



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

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. 570159		2. Exact name of the Corporation Dantzler Foundation	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island our mission is to provide low-income housing through community development and on-the job training.	
5. Principal office address 720 Dyer Avenue		City Cranston	State RI
		Zip 02920	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Willie Dantzler		Vice-President Name Sharon Dantzler	
Street Address 720 Dyer Avenue		Street Address 720 Dyer Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name John Zodda		Treasurer Name Sharon Dantzler	
Street Address 25 Susan Circle		Street Address 720 Dyer Avenue	
City Johnston	State RI	City Cranston	State RI
Zip 02919		Zip 02920	
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 Ashley Boutelle		Director Name Jorge Sostre	
Street Address 711 Morin Heights		Street Address 64 Rafella Avenue	
City Woonsocket	State RI	City Pawtucket	State RI
Zip 02950		Zip 02861	
Director Name John Zodda		Director Name Sharon Dantzler	
Street Address 25 Susan Circle		Street Address 720 Dyer Avenue	
City Johnston	State RI	City Cranston	State RI
Zip 02919		Zip 02920	
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, duly Authorized Representative, Receiver or Trustee

FILED

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.

File Date _____
 Check No _____
 By: _____

MAY 06 2014

Sharon Dantzler
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY **BY** _____

Sharon Dantzler
 Print or Type Name of Officer or Authorized Representative