



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000377748

2. Name of Corporation SERVE! Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2 REED DRIVE

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE THE LOCAL COMMUNITY, OUR NATION AND THE WORLD WITH
FINANCIAL, EDUCATIONAL AND EMOTIONAL SUPPORT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DEBORAH J HADDEN	35 BROOK STREET NOANK, CT 06340 USA
TREASURER	KATHLEEN LEWIS	179 BUDDINGTON ROAD GROTON, CT 06340 USA

SECRETARY	JANE MARTLEY	61 A WILBUR RD STONINGTON, CT 06378 USA
VICE PRESIDENT	ANDREA LAPOINTE	10 HILL STREET LEDYARD, CT 06339 USA
DIRECTOR	WILLIAM T WYLD	35 BROOK STREET NOANK, CT 06340 USA
DIRECTOR	ROSEMARY RILEY	37 BAYVIEW AVE STONINGTON, CT 06378 USA
DIRECTOR	LAKE WYLD	35 BROOK ST NOANK, CT 06340 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARION STAWECKI 2 REED DRIVE WESTERLY , RI 02891

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of May, 2014 at 11:19:43 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DEBORAH HADDEN
Signature of Authorized Person

Form No. 631
Revised 09/07

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