



**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. 000651236

2. Name of Corporation SANTA'S ELVES @ KENNEY

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 4 SHADBUSH TRAIL

City or Town: SAUNDERSTOWN

State: RI Zip: 02874 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

PROVIDE SUPPORT TO FAMILIES IN NEED WITH SMALL CHILDREN DURING THE
HOLIDAY SEASON BY PROVIDING FOOD, WARM CLOTHING AND TOYS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ANN TORTOLANO	PO BOX 298 SAUNDERSTOWN, RI 02874 USA
TREASURER	ARTIN TASKIN III	7 TIMBERLAND DRIVE LINCOLN, RI 02865 USA

DIRECTOR	ROBERT E CRELLIN	PO BOX 515 SAUNDERSTOWN, RI 02874 USA
DIRECTOR	DEBORAH BARONE	50 CEDAR LANE JAMESTOWN, RI 02835 USA
DIRECTOR	ANN M TORTOLANO	P.O. BOX 298 SAUNDERSTOWN, RI 02874 USA
DIRECTOR	LYNNE CONATY	375 SCHOOL ST PAWTUCKET , RI 02860 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**

ANN M. TORTOLANO 4 SHADBUSH TRAIL SAUNDERSTOWN , RI 02874

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

Signed this 16 Day of May, 2014 at 10:14:44 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 ARTIN TASKIN
Signature of Authorized Person

Form No. 631
Revised 09/07