



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. 000069709

2. Name of Corporation Rhode Island SAFEKIDS Coalition

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 55 CLAVERICK STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 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 EDUCATION, ADVOCACY, AND COORDINATION OF ACTIVITIES TO
REDUCE CHILDHOOD INJURIES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	KAREN PINCH	311 DANIELSON PIKE NORTH SCITUATE, RI 02857 USA
TREASURER	JOHN PAUL	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA

SECRETARY	DINA MORRISSEY	55 CLAVERICK STREET PROVIDENCE, RI 02903 USA
VICE PRESIDENT	LAURIE LUDOVICI	311 DANIELSON PIKE NORTH SCITUATE, RI 02857 USA
DIRECTOR	MANUEL ORTIZ	55 CLAVERICK STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JAMES BARDEN	2 CAPITOL HILL PROVIDENCE, RI 02908 USA
DIRECTOR	JENNIFER KOZIOL	3 CAPITOL HILL PROVIDENCE, RI 02908 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

DINA MORRISSEY 55 CLAVERICK STREET PROVIDENCE , RI 02903

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

Signed this 30 Day of May, 2014 at 10:59:48 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 DINA MORRISSEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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