



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. 143122		2. Exact name of the Corporation Cymry's Christmas Wish			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fund raising to allow us to buy toys at Christmas for needy children while educating them about people with disabilities.			
5. Principal office address 51 Friendly Road			City Cranston	State RI	Zip 02910
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Cymry Costa			Vice-President Name John Costa		
Street Address 5 Ida Lane			Street Address 51 Friendly Road		
City Fall River	State MA	Zip 02720	City Cranston	State RI	Zip 02910
Secretary Name Cheryl Costa			Treasurer Name David Fisher		
Street Address 5 Ida Lane			Street Address 51 Friendly Road		
City Fall River	State MA	Zip 02720	City Cranston	State RI	Zip 02910
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 John Costa			Director Name David Fisher		
Street Address 51 Friendly Road			Street Address 51 Friendly Road		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Tammy Hoffman			Director Name Lisa Fisher		
Street Address 45 Harris Avenue			Street Address 4 Leader Street		
City Warwick	State RI	Zip 02889	City Coventry	State RI	Zip 02816
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

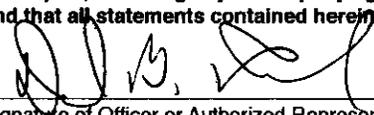
BY _____

FILED

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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.

 6/1/14
 Signature of Officer or Authorized Representative Date

David G. Fisher (Treasurer)

Print or Type Name of Officer or Authorized Representative