

**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

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**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30



Help with this form

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:

1. Corporate ID No.

2. Name of Corporation

3. State of Incorporation

State:

4. Corporate Address in Rhode Island

No. and Street:

City or Town:

State:

Zip:

Country:

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

SHALL OPERATE AS A PUBLICLY SUPPORTED PUBLIC CHARITY CORP.

FILED

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

JUN 02 2014

BY

Address

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
☐	PRESIDENT	GENE AMARAL	680 VICTORY HIGHWAY WEST GREENWICH, RI 02817- USA
☐	DIRECTOR	GAIL AMARAL	680 VICTORY HIGHWAY WEST GREENWICH, RI 02817 USA

☐	Vice President	Lawrence P Buonfiglio Jr	680 Victory Hyw West Greenwich, RI 02817 USA
☐	Director	Lawrence P Buonfiglio Jr	680 Victory Hyw West Greenwich, RI 02817 USA

Select From Below ▼ Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

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

GENE AMARAL 680 VICTORY HIGHWAY WEST GREENWICH , RI 02817-

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street:

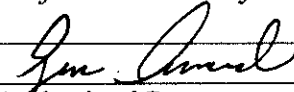
City or Town: State: Zip: Country:

Contact Phone: ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 5 Day of May, 2014 at 6:56:50 PM 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 
 Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing

☐ Accept ☐ Decline

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