



**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. 000796211

2. Name of Corporation EXCELLENT CHARITY

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 16 JANE STREET

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 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 HELP THE NEEDY IN HAITI, BY HELPING THEM WITH CLOTHING, FOOD,
EDUCATION AND OTHER NECESSITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 | FRITZ EXCELLENT | 18 JANE STREET NORTH PROVIDENCE, RI 02904 US |
| DIRECTOR | CARMINE PISCOPO | 550 EAST GREENWICH AVENUE #3201 WEST WARWICK, RI 02918 USA |

| | | |
|----------|-----------------|--|
| DIRECTOR | DAVID M MOONEY | 12 ALMOND STREET LINCOLN, RI 02865 USA |
| DIRECTOR | FRITZ EXCELLENT | 18 JANE STREET NORTH PROVIDENCE, RI 02904 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

FRITZ EXCELLENT 16 JANE STREET NORTH PROVIDENCE , RI 02904

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

Signed this 2 Day of July, 2014 at 1:14:56 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 FRITZ EXCELLENT
Signature of Authorized Person

Form No. 631
Revised 09/07

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