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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.	2. Exact name of the Corporation
790458	SAM'S CHILDREN, INC.
3. State of Incorporation: CONNECTICUT	4. Brief description of the character of business conducted in Rhode Island: A CHARITY TO HELP FAMILIES WITH CHILDREN SUFFERING SERIOUS ILLNESS OR CONDITION, WITH NON-MEDICAL ASSISTANCE TO EASE THEIR STRESS

5. Principal office address	City	State	Zip
2138 S. LAS DEANE HIGHWAY	ROCKY HILL	CT	06067

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
CHARLES DIFAZIO	HAMID BIJARI
Street Address: 166 ROLLING GREEN	Street Address: 38 BALTON ROAD
City: MIDDLETOWN State: CT Zip: 06067	City: PROVIDENCE State: RI Zip: 02906
Secretary Name	**Treasurer Name**
SARA LUZMOOR	TRACY SCHROEDER
Street Address: 200 BLAKESLEE STREET #228	Street Address: 76 WAYNE DRIVE
City: BRISTOL State: CT Zip: 06010	City: PLAINVILLE State: CT Zip: 06062

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
CHARLES DIFAZIO	HAMID BIJARI
Street Address: 166 ROLLING GREEN	Street Address: 38 BALTON ROAD
City: MIDDLETOWN State: CT Zip: 06457	City: PROVIDENCE State: RI Zip: 02906
Director Name	**Director Name**
SARA LUZMOOR	TRACY SCHROEDER
Street Address: 200 BLAKESLEE STREET	Street Address: 76 WAYNE DRIVE
City: BRISTOL State: CT Zip: 06010	City: PLAINVILLE State: CT Zip: 06062

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

FILED
JUL 02 2014
BY 1251

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative — Date: 6/28/2014

PRESIDENT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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