



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. 831696		2. Exact name of the Corporation Alexis Miranda Foundation, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provide educational services and to raise awareness of mental health issues			
5. Principal office address P.O. Box 265			City Albion	State RI	Zip 02802
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NONE			Vice-President Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Lynn Osei Asibey			Director Name Kwasi Dadzie-Yeboah		
Street Address P.O. Box 265			Street Address P.O. Box 265		
City Albion	State RI	Zip 02802	City Albion	State RI	Zip 02802
Director Name Esther Fuller			Director Name		
Street Address 3408 Shepherd Lane			Street Address		
City Balch Springs	State TX	Zip 75180	City	State	Zip
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

File Date SEP 10 2014

Check No _____

By: BY 2113

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.

8/28/14

Signature of Officer or Authorized Representative

Date

Daniel Stone, Esq. *with rep*

Print or Type Name of Officer or Authorized Representative