

### 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.

1. Entity ID No.	•	2. Exact name of the Corporation  Adopt-a-Family, Inc.			
71567	Adopt-a				
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island	Locating	g people to provi	de Christmas gifts to Woon	isocket childrer	1.
5. Principal office address 171 Sayles Hill Road			City N. Smithfield	State <b>RI</b>	<sup>Zip</sup> <b>02896</b>
LIST ALL OFFICERS (I	NAMES AND ADDI	RESSES) ("X" BOX F	The state of the s		
President Name			Vice-President Name  Meghan Bentley		
Brenda Viscione Street Address			Street Address		
P.O. Box 7655			P.O. Box 7655		
Dity	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
Secretary Name		I	Treasurer Name	1	
Margaret Manley			Debra Mitchell		
Street Address			Street Address		
P.O. Box 7655			P.O. Box 7655		
Dity	State	Zip	City	State	Zip
umberland	RI	02864	Cumberland	RI	02864
LIST ALL DIRECTORS	(NAMES AND ADI	PRESSES). RHODE IS	LAND CORPORATIONS <u>MUST</u> L	IST NO LESS THAN	I THRÉE (3) DIRECTO
("X" BOX FOR ATTACH Director Name	meni) V		Director Name		
Director Name Pamela Morse			Susan Rennie		
Street Address			Street Address		
P.O. Box 7655			P.O. Box 7655		
Sity	State	Zip	City	State	Zip
umberland	RI	02864	Cumberland	RI	02864
irector Name			Director Name		
Deana Robidoux			Catherine Savage		
Street Address			Street Address		
P.O. Box 7655			P.O. Box 7655		
ity	State	Zip	City	State	Zip
umberland	RI	02864	Cumberland	RI	02864
REGISTERED AGENT II		<del></del>			
			ary of State. Changes require filin		
his report must be signed l Trustee	by either the Presid	ent, Vice-President, Se FILED DEC 04 2014	ecretary, Assistant Secretary, Treasu  Under penalty of perjury		
File Date			this report, including an	y accompanying so	hedules and stateme
	RV	. 12440	and that all statements o	contained herein ar	e true and correct.
Check No			Margase f M Signature of Officer or Aut	aulen	12/1/14
By:	<u> </u>		2: 1.0%		
- 1 - 1 1 1 - 1 1 - 1 1 1 1 1 1 1 1 1 1	The state of the second of the second		Signaturer of Officer of Aut	:norizea i <del>(je</del> bresenta)	tive Date

**Margaret Manley** 

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014

A STATE OF THE STATE OF

# ADOPT-A-FAMILY, INC. ID #71567

### DIRECTOR

### **ADDRESS**

Diane	Fregeau	P.O. Box 7665, Cumberland, RI 02864
Tina	Stothard	P.O. Box 7665, Cumberland, RI 02864
Anthony	Sipala	P.O. Box 7665, Cumberland, RI 02864
Gail	Zak	P.O. Box 7665, Cumberland, RI 02864

FILED

DEC 04 2014

BY 71567