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.**

2015 FEB -5 AM 11:50 SECRETARY OF STATE CORPORATIONS DIV.

1. Entity ID No.	2. Exact name of the Corporation
000557731	Project Night Vision
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	Teen youth Program at night

5. Principal office address	City	State	Zip
17 Radcliffe Ave	Prov.	R.I.	02906

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

President Name	Vice-President Name
Kobi Dennis	April Seppala
Street Address: 17 Radcliffe Ave	Street Address: 550 Branch Ave
City: Prov. State: R.I. Zip: 02906	City: Providence State: R.I. Zip: 02906
Secretary Name	**Treasurer Name**
Doreen Dacruz	Tanisha Spruill
Street Address: 1 C Chestnut Street.	Street Address: 17 Radcliffe Ave
City: Providence State: R.I. Zip: 02905	City: Providence State: R.I. Zip: 02906

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
Kobi Dennis	Kyle Dennis
Street Address: 17 Radcliffe Ave	Street Address: 215 ocean street
City: Providence State: R.I Zip: 02906	City: Providence. State: R.I Zip: 02906
Director Name	**Director Name**
Vaughn Spruill	Saige Dennis
Street Address: 17 Radcliffe Ave	Street Address: 17 Radcliffe
City: Prov. State: R.I. Zip: 02908	City: Providence State: R.I. Zip: 02906

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

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

FILED
FEB 05 2015
BY KL 2411689
11:50

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 2/5/15

Kobi Dennis — Print or Type Name of Officer or Authorized Representative — 2/5/15

Form No. 631
Revised: 04/2014