



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. 000791717		2. Exact name of the Corporation Caritas Smile			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Delivering gifts with inspirational messages and experiences to empower and improve the emotional well being of children living in developing countries and in the United States: teaching children and women in developing countries and the US <input checked="" type="checkbox"/>			
5. Principal office address 1432 Narragansett Boulevard		City Cranston	State RI	Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sixcia Devine			Vice-President Name		
Street Address 1432 Narragansett Boulevard			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name			Treasurer Name		
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 Sixcia Devine			Director Name Abraham B. Henderson		
Street Address 1432 Narragansett Boulevard			Street Address 93-95 Carolina Avenue		
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name John Krupa			Director Name Shelly Perdomo		
Street Address 92 Longview Drive			Street Address 60 North Whitney Street		
City Cranston	State RI	Zip 02920	City Amherst	State MA	Zip 01002
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.					

2015 FEB 26 PM 12:10
 SECRETARY OF STATE
 CORPORATIONS DIV

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

FILED

File Date _____ **FEB 26 2015**

Check No _____

By: _____ BY *Sixcia Devine* **243219**

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.

Sixcia Devine **2/23/15**
 Signature of Officer or Authorized Representative Date

Sixcia Devine

Print or Type Name of Officer or Authorized Representative