



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000024849

2. Name of Corporation NATIONAL CHILD SAFETY COUNCIL, INC.

3. State of Incorporation

State: MI

4. Corporate Address in Rhode Island

No. and Street: 155 SOUTH MAIN STREET, SUITE 301

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 4065 PAGE AVENUE

PO BOX 1368

City or Town: JACKSON

State: MI

Zip: 49204-1368

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO FURTHER THE CAUSE OF CHILD SAFETY AS A CHARITABLE ORGANIZATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	HARLEY J KAUFMAN	9335 CAMERON RIDGE WAY #116 INDIANAPOLIS, IN 46240 USA
TREASURER	DIANE M NELSON	4772 HASLETT RD PERRY, MI 48872 USA
SECRETARY	DIANE M NELSON	4772 HASLETT RD PERRY, MI 48872 USA
ASSISTANT SECRETARY	KAYCEE JERSEY	14222 WAMPLERS LAKE RD. BROOKLYN, MI 49230 USA

VICE PRESIDENT	JAMES M VANCE	5353 SNOWDRIFT PASS JACKSON, MI 49201 USA
DIRECTOR	HARLEY J KAUFMAN	9335 CAMERON RIDGE WAY #116 INDIANAPOLIS, IN 46240 USA
DIRECTOR	JAMES VANCE	5353 SNOWDRIFT PASS JACKSON, MI 49201 USA
DIRECTOR	DIANE M NELSON	4772 HASLETT ROAD PERRY, MI 48872 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

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

Signed this 1 Day of June, 2015 at 11:22:09 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DIANE M NELSON
Signature of Authorized Person

Form No. 631
Revised 09/07