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 2015

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.	2. Exact name of the Corporation
722173	COOL SISTERS CLOSET
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	CHARITABLE PURPOSES

5. Principal office address	City	State	Zip
1130 TEN ROD ROAD, SUITE E-207	NORTH KINGSTOWN	RI	02852

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

President Name			Vice-President Name		
LYNN F. MORAN					
Street Address			Street Address		
1130 TEN ROD ROAD, SUITE E-207					
City	State	Zip	City	State	Zip
NORTH KINGSTOWN	RI	02852			
Secretary Name			**Treasurer Name**		
KATIE O'NEIL			MARGARET LANGHAMMER		
Street Address			Street Address		
460 IVES ROAD			14 BEAN FARM DRIVE		
City	State	Zip	City	State	Zip
WARWICK	RI	02818	KINGSTON	RI	02881

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		
LYNN F. MORAN			MARGARET LANGHAMMER		
Street Address			Street Address		
1130 TEN ROD ROAD, SUITE E-207			14 BEAN FARM DRIVE		
City	State	Zip	City	State	Zip
NORTH KINGSTOWN	RI	02852	KINGSTON	RI	02881
Director Name			**Director Name**		
KATIE O'NEIL					
Street Address			Street Address		
460 IVES ROAD					
City	State	Zip	City	State	Zip
WARWICK	RI	02818			

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 #: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 04 2015
BY

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: **06/01/2015**

LYNN F. MORAN, PRESIDENT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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