



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. 162360		2. Exact name of the Corporation International Children's Home & Dream Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Orphanage CICHAI			
5. Principal office address 16 Miller Ave Ste 1B		City Providence		State RI	Zip 02905
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Nellie S. Francis			Vice-President Name Theresa N. Francis		
Street Address 16 Miller Ave Ste 1B			Street Address 16 Miller Ave Ste 1B		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Krystal W. Saviee			Treasurer Name		
Street Address 16 Miller Ave, Ste 1B			Street Address		
City Providence	State RI	Zip 02905	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 Nellie S. Francis			Director Name Suzanne A. M. Saviee		
Street Address 16 Miller Ave, Ste 1B			Street Address 16 Miller Ave, Ste 1B		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Krystal W. Saviee			Director Name Theresa N. Francis		
Street Address 16 Miller Ave, Ste 1B			Street Address 16 Miller Ave, Ste 1B		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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

JUN 10 2015

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By

KM

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  
Nellie S. Francis  
Date  
6-11-2015  
Print or Type Name of Officer or Authorized Representative  
President