



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

**Non-Profit Corporation
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. 000831696

2. Name of Corporation Alexis Miranda Foundation, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 265
City or Town: ALBION State: RI Zip: 02802 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO (I) PROVIDE EDUCATIONAL SERVICES AND TO RAISE AWARENESS OF MENTAL HEALTH ISSUES; (II) COLLECT DONATIONS OF MONEY AND GOODS, TO ACQUIRE ADDITIONAL GOODS, AND TO DISTRIBUTE SUCH GOODS TO ASSIST INDIVIDUALS WITH MENTAL HEALTH ISSUES AND THE FAMILIES THEREOF ALL FOR CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED; AND (III) EXERCISE ALL POWERS WHICH ARE NECESSARY AND DESIRABLE TO CARRY OUT THE FOREGOING.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	ESTHER FULLER	3408 SHEPHERD LANE BALCH SPRINGS, TX 75180 USA
DIRECTOR	LYNN OSEI ASIBEY	P.O. BOX 265 ALBION, RI 02802 USA
DIRECTOR	KWASI DADZIE-YEBOAH	P.O. BOX 265 ALBION, RI 02802 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**

LYNN OSEI-ASIBEY 7 EAGLE NEST DRIVE LINCOLN , RI 02865

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

Signed this 23 Day of June, 2015 at 9:29:37 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 LYNN OSEI ASIBEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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