



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. 000794854

2. Name of Corporation Newborns in Need, Inc.

3. State of Incorporation

State: MO

4. Corporate Address in Rhode Island

No. and Street: 50 JACKSON AVENUE

City or Town: RIVERSIDE

State: RI Zip: 02915 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 3323 TRANSOU ROAD

City or Town: PFAFFTOWN State: NC Zip: 27040 Country:

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

TO TAKE CASRE OF SICK AND NEEDY BABIES AND FAMILLIES AND IN CASES OF CRISIS TO HELP WHERE HELP IS NEEDED

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	CONNIE EDWARDS	4620 DUFFER COURT PFAFFOWN, NC 27040 USA
TREASURER	PREETIE SANJAY MAMANI	4537 STIMPSON RIDGE DRIVE PFAFFTOWN, NC 27040 USA
SECRETARY	PAT WHITE	236 JONES ROAD WINSTON-SALEM, NC 27107 USA
GEO	SAM SAFRIT	4635 DUFFER COURT

		PFAFFTOWN, NC 27040 USA
OFFICE MANAGER	MARY R SWANSON	8444 HWY 17N BUCYRUS, MO 65444 USA
DIRECTOR OF COMMUNICATIONS	SUSAN DURHAM	765 CAMP BRANCH RD ELLIJAY, GA 30540 USA
VICE PRESIDENT	GAYLE MCKEETHAN	848 MONTCREST DRIVE LENOIR, TN 37771 USA
DIRECTOR	PAT JOHNSON	232 GRUEN STREET CHESAPEAKE, VA 23323 USA
DIRECTOR	SAM SAFRIT	4635 DUFFER COURT PFAFFTOWN, NC 27040 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**

ELLEN ORDWAY 33 DORAY DRIVE HOPE , RI 02831

**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 2:02:41 PM 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 MARY R SWANSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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