



**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

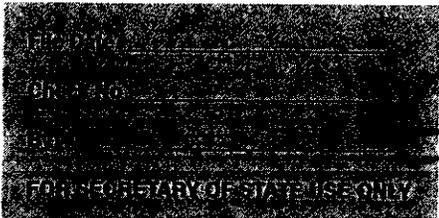
**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2015

**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. <b>000486733</b>		2. Exact name of the Corporation <b>Free Geek Providence</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO REDISTRIBUTE, RECYCLE AND OR REUSE COMPUTER TECHNOLOGY, PROVIDE THE LOW INCOME COMMUNITY ET AL WITH ACCESS TO COMPUTERS. THE</b>			
5. Principal office address <b>105 Newman Avenue; Apt. 901 south</b>		City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	
President Name <b>Mr. Loren Talbott</b>		Vice-President Name <b>Ms. Kim Benevides</b>			
Street Address <b>8 McGartland Road</b>		Street Address <b>105 Newman Avenue</b>			
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
Secretary Name <b>none</b>		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE INSTRUCTIONS FOR ATTACHMENT)					
Director Name <b>Mr. Loren Talbott</b>		Director Name <b>M J Spino</b>			
Street Address <b>8 McGartland Road</b>		Street Address <b>221 Sterling Avenue</b>			
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>Ms. Kim Benevides</b>		Director Name			
Street Address <b>105 Newman Avenue</b>		Street Address			
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City	State	Zip
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

**FILED**



**JUN 29 2015**  
**6585788**

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.

*Kim Benevides*  
 Signature of Officer or Authorized Representative      Date **29 June 2015**

**Ms. Kim Benevides**  
 Print or Type Name of Officer or Authorized Representative