



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

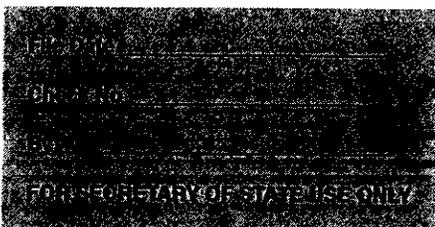
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 000486733		2. Exact name of the Corporation Free Geek Providence			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island TO REDISTRIBUTE, RECYCLE AND OR REUSE COMPUTER TECHNOLOGY, PROVIDE THE LOW INCOME COMMUNITY ET AL WITH ACCESS TO COMPUTERS. THE			
5. Principal office address 105 Newman Avenue; Apt. 901 south		City Rumford	State RI	Zip 02916	
6. President Name Mr. Loren Talbott		Vice-President Name Ms. Kim Benevides			
Street Address 8 McGartland Road		Street Address 105 Newman Avenue			
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name none		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 Mr. Loren Talbott		Director Name M J Spino			
Street Address 8 McGartland Road		Street Address 221 Sterling Avenue			
City Rumford	State RI	Zip 02916	City Providence	State RI	Zip 02909
Director Name Ms. Kim Benevides		Director Name			
Street Address 105 Newman Avenue		Street Address			
City Rumford	State RI	Zip 02916	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

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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

29 June 2015

Signature of Officer or Authorized Representative

Date

Ms. Kim Benevides

Print or Type Name of Officer or Authorized Representative