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.	2. Exact name of the Corporation
127003	ACTS OF KINDNESS, INC.
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: PROVIDE FOOD, CLOTHING, CHILDREN'S TOYS, + MEDICAL SUPPLIES FOR THE NEEDY + HOMELESS, BRINGS GIFTS TO SICK + ELDERLY, ASSIST IN OFFSETTING MEDICAL EXPENSES FOR THE NEEDY + DISABLED

5. Principal office address	City	State	Zip
243 KNIGHT STREET	PROVIDENCE	RI	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
MICHAEL G. MARRA	243 KNIGHT STREET	PROVIDENCE	RI	02909

Vice-President Name	Street Address	City	State	Zip
ROBIN M. ANTONI	45 ANDRE BLVD. PO BOX 115	GLENDALE	RI	02826

Secretary Name	Street Address	City	State	Zip
DEBRA L. LAMOUREUX	64 LINDY AVENUE	WARWICK	RI	02889

Treasurer Name	Street Address	City	State	Zip
DEBRA L. LAMOUREUX	64 LINDY AVENUE	WARWICK	RI	02889

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MICHAEL G. MARRA	243 KNIGHT STREET	PROVIDENCE	RI	02909

Director Name	Street Address	City	State	Zip
ORESTE P. D'ARCONTE	30 JOHN STREET	ATTLEBORO	MA	02703

Director Name	Street Address	City	State	Zip
DOREEN BULLOCK	21B EAGLE RUN	EAST GREENWICH	RI	02818

Director Name	Street Address	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 2015

BY 440

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.

Debra L. Lamoureux 6-27-15
Signature of Officer or Authorized Representative Date

DEBRA L. LAMOUREUX
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014