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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
541932	RESPECT Reaching Everyone So People Enact Change Together
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	conduct workshops in schools

5. Principal office address	City	State	Zip
15 Gilcrest Dr	W. Warwick	RI	02893

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

President Name	Vice-President Name
Don Miller	Kelly Harrington
Street Address: 22 Claremont St	Street Address: 121 Post Rd
City: Lincoln / State: RI / Zip: 02865	City: Warwick / State: RI / Zip: 02888
Secretary Name	**Treasurer Name**
	Michele Landrie
Street Address	**Street Address**
	15 Gilcrest Dr
City / State / Zip	City: W. Warwick / State: RI / Zip: 02893

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

Director Name	Director Name
Courtney DeSousa	Michael Lobdell
Street Address: 41 Sherwood St	Street Address: 670 Chestnut Hill Rd
City: Cranston / State: RI / Zip: 02920	City: Wakefield / State: RI / Zip: 02879
Director Name: Richard Marrese	Director Name
Street Address: 41 Crossland Rd	Street Address
City: W. Warwick / State: RI / Zip: 02893	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

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CORPORATIONS

File Date
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AUG 18 2015
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254811

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.

Michele Landrie 8/18/15
Signature of Officer or Authorized Representative — Date

Michele Landrie
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
123979-1-1056890