



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. <u>541067</u>		2. Exact name of the Corporation <u>Rhode Island Dream Center</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>NON PROFIT ORGANIZATION WORKING TO PROVIDE ASST. w/ FOOD, CLOTHING, EDUCATION, LIFE SKILLS + CAREER DEVELOPMENT THROUGH FAITH BASED MINISTRIES</u>	
5. Principal office address <u>330 PARK AVE</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02905</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>ARTIE RUSSO</u>		Vice-President Name <u>CHUCK JOHNSON</u>	
Street Address <u>330 PARK AVE</u>		Street Address <u>330 PARK AVE</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Secretary Name <u>THOMAS KING JR.</u>		Treasurer Name <u>TONI MORSE</u>	
Street Address <u>330 PARK AVE</u>		Street Address <u>330 PARK AVE</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>RAMONA BROWN</u>		Director Name <u>KRYSTAL SMITH</u>	
Street Address <u>330 PARK AVE</u>		Street Address <u>330 PARK AVE</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Director Name <u>ED BRADY</u>		Director Name <u>ANDREA SMITH</u>	
Street Address <u>330 PARK AVE</u>		Street Address <u>330 PARK AVE</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
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. 87-1144 82330 9102
By: _____
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By C8403034

A.A.

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.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative