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
541067	Rhode Island Dream Center
3. State of Incorporation: R.I.	4. Brief description of the character of business conducted in Rhode Island: NON PROFIT ORGANIZATION WORKING TO Provide Asst. w/FOOD, clothing, Education, Life Skills + Career Development THROUGH FAITH BASED MINISTRIES

5. Principal office address	City	State	Zip
330 PARK AVE	CRANSTON	RI	02905

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

President Name	Vice-President Name
Artie Russo	Chuck Johnson
Street Address: 330 PARK AVE	Street Address: 330 PARK AVE
City: CRANSTON State: RI Zip: 02905	City: Cranston State: RI Zip: 02905
Secretary Name: Thomas King Jr.	Treasurer Name: Toni Morse
Street Address: 330 PARK AVE	Street Address: 330 PARK AVE
City: Cranston State: RI Zip: 02905	City: Cranston State: RI Zip: 02905

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
Ramona Brown	Krystal Smith
Street Address: 330 PARK AVE	Street Address: 330 Park AVE
City: Cranston State: RI Zip: 02905	City: Cranston State: RI Zip: 02905
Director Name: Ed Brady	Director Name: Andrea Smith
Street Address: 330 PARK AVE	Street Address: 330 Park AVE
City: Cranston State: RI Zip: 02905	City: Cranston State: RI Zip: 02905

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
DEC 23 2015
By C84D3034
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: 12-23-2015

Artie Russo, President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014