**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 |
|---|---|
| 972402 | Melo Project Runway for the Youth. |
| 3. State of Incorporation | 4. Brief description of the character of business conducted in Rhode Island |
| R. I | non-profit creative outlet for youth ages 13-19 |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 85 Industrial Circle, STE. 4201 | Lincoln | R.I | 02865 |

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

| President Name | Vice-President Name |
|---|---|
| Tina Melo | Debbie Uccio |
| Street Address: 85 Industrial Circle | Street Address: 10 South Bend ST |
| City: Lincoln State: R.I Zip: 02865 | City: Pawtucket State: RI Zip: 02860 |
| Secretary Name | 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 ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Director Name |
|---|---|
| Kerri Lombardi | Debbie Uccio |
| Street Address: 120 Worcester Drive | Street Address: 10 South Bend St. |
| City: Riverside State: R.I Zip: 02915 | City: Pawtucket State: R.I Zip: 02860 |
| Director Name: Faith Torres | Director Name |
| Street Address: 261 N Brow St | Street Address |
| City: E. Prov State: R I Zip: 02914 | 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**
DEC 28 2015
By C8425438
KM

Form No. 631
Revised: 04/2014

**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.**

Tina Melo 12/28/2015
Signature of Officer or Authorized Representative Date

TINA Melo
Print or Type Name of Officer or Authorized Representative