



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>792465</u>		2. Exact name of the Corporation <u>A SWIFT COUSE - THE NATALIE SWIFT FOUNDATION</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>FOOD RAISING</u>			
5. Principal office address <u>500 Child Street Unit 306B</u>		City <u>WARREN</u>		State <u>RI</u>	Zip <u>02885</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Lesley Swift</u>			Vice-President Name <u>VACANT</u>		
Street Address <u>500 Child Street Unit 306B</u>			Street Address		
City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	City	State	Zip
Secretary Name <u>DAWN PERRY</u>			Treasurer Name <u>Lesley Swift</u>		
Street Address <u>72 Cottage Street</u>			Street Address <u>See Above</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	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) <input type="checkbox"/>					
Director Name <u>Lesley Swift</u>			Director Name <u>DAWN PERRY</u>		
Street Address <u>See Above</u>			Street Address <u>See Above</u>		
City	State	Zip	City	State	Zip
Director Name <u>Michael Swift</u>			Director Name		
Street Address <u>35 Columbus Avenue</u>			Street Address		
City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	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 29 2015

By 264254

KM

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.

Lesley Swift
Signature of Officer or Authorized Representative

12/14/15
Date

Lesley Swift
Print or Type Name of Officer or Authorized Representative