



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