RI SOS Filing Number: 201588486790 Date: 01/08/2016 10:19 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000044970

2. Name of Corporation RI Parents of Multiples

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 23144
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CHARITABLE CONTRIBUTIONS TO FAMILIES OF NEED WITH TWINS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NANCY WILLARD	55 WELLSLEY AVE NO. PROVIDENCE, RI 02911 USA
TREASURER	KERRYANN MOREIRA	67 FENMOORE STREET E. PROVIDENCE, RI 02914 USA
SECRETARY	JOHANNA PIMENTAL	6 WINDSOR ST

0-1092-0

		GREENVILLE, RI 02828 USA
DIRECTOR	CHRISTINE MANNING	188 CAMERON ST PAWTUCKET, RI 02861 USA
VICE PRESIDENT	KATHERINE HARCOURT	78 IRVING AVE PROVIDENCE, RI 02906 USA
DIRECTOR	SHARON PIMENTAL	4 ROCKY CLIFF DR LINCOLN, RI 02865 USA
DIRECTOR	DINA DEPALO	65 WARREN DR CRANSTON, RI 02920 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KERRYANN MOREIRA 67 FENMOOR STREET EAST PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of January, 2016 at 10:19:29 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KERRYANN MOREIRA
Signature of Authorized Person

Form No. 631
Revised 09/07

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