RI SOS Filing Number: 201699456220 Date: 05/27/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
722173	COOL SISTERS CLOSET
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	CHARITABLE PURPOSES

5. Principal Office Address	City	State	Zip
1130 TEN ROD ROAD, SUITE E-207	NORTH KINGSTOWN	RI	02852

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name LYNN F. MORAN			Vice-President Name		
Street Address 1130 TEN ROD ROAD, SUITE E-207			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name KATIE O'NEIL			Treasurer Name MARGARET LANGHAMMER		
Street Address 460 IVES ROAD			Street Address 14 BEAN FARM DRIVE		
City WARWICK	State RI	Zip 02818	City KINGSTON	State RI	Zip 02881

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name LYNN F. MORAN			Director Name MARGARET LANGHAMMER		
Street Address 1130 TEN ROD ROAD, SUITE E-207			Street Address 14 BEAN FARM DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City KINGSTON	State RI	Zip 02881
Director Name KATIE O'NEIL			Director Name		
Street Address 460 IVES ROAD			Street Address		
City WARWICK	State RI	Zip 02818	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
LYNN F. MORAN, PRESIDENT	06/01/2016

Signature of Officer/Authorized Representative SIGN DOCUMENT HERE

FILED
MAY 27 2016
BY RI DS

Form No. 631
Revised: 2016

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