



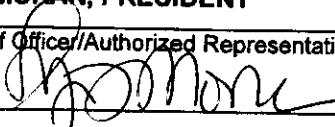
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 841.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative LYNN F. MORAN, PRESIDENT				Date 06/01/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

MAY 27 2016

BY

12/DS