

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: 2016

1. Corporate ID No. 001006343

2. Name of Corporation Jayce the healer foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 51 MALLORY CT

City or Town: CRANSTON State: RI Zip: 02910 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

RAISING AWARENESS FOR WATER SAFETY AND CHILDHOOD DROWNING

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KARLA SHERMAN	51 MALLORY COURT CRANSTON, RI 02910 US
SECRETARY	HONEY DODGE	53 NORFOLK AVE PAWTUCKET, RI 02861 US
BOARD MEMBER	TINA MCCAFFREY	95 HOUSTON DRIVE

		WARWICK, RI 02886 US
ASSISTANT SECRETARY	JESSICA LALIBERTE	42 PROSPER STREET PROVIDENCE, RI 02904 US
VICE PRESIDENT	APRIL RICCI	209 CENTRAL AVE JOHNSTON, RI 02919 US
DIRECTOR	KARLA SHERMAN	51 MALLORY COURT CRANSTON, RI 02910 US
DIRECTOR	APRIL RICCI	209 CENTRAL AVE JOHNSTON, RI 02919 US
DIRECTOR	JAY CHATTELLE	51 MALLORY COURT CRANSTON, RI 02910 US

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

KARLA SHERMAN 51 MALLORY COURT CRANSTON, RI 02910

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

Signed this 1 Day of June, 2016 at 11:55:06 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 KARLA SHERMAN

Signature of Authorized Person

Form No. 631 Revised 09/07

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