Fee: \$20.00



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

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

Mon Profé Composition Annual Repost 1996 The Sections of the 20

An Population of the Miller of the Alexander of the property of the population of the annual control of the A Reprint William of the present and Cognitive Control of the Alexandrian of the appropriate will dead to the Co BANCO

SECRE CORR

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000941809

2. Name of Corporation Smiling Angels Society

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street:

**6 BELFIELD DRIVE** 

City or Town:

**JOHNSTON** 

State: RI

Zip: <u>02919</u>

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

TO SPREAD HAPPINESS ON SOCIETY THROUGH ACTS OF KINDNESS IN HOPES TO INSPIRE OTHERS TO PAY IT FORWARD THROUGHOUT NEW ENGLAND

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 If officers and/or directors have been elected, the title incorporator is no longer applicable: please delete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

JUN 0 2 2016

Page 1 of 3

DIRECTOR

Rathleen Boy O

27 High Street WARWICK RY02876

Individual Name First, Middle, Last, Suffix

PRESIDENT

SANDRA A BOISVERT

DIRECTOR

MARILYN BERUBE

Vice President DIRECTOR

Şherri Ann Boisvert Ms CYNTHIA TALLCYCLO

NANCY A Michael

**Address** 

Address, City or Town, State, Zip Code, Country

**6 BELFIELD DRIVE** JOHNSTON, RI 02919 USA

24 HANS STREET CRANSTON, RI 02910 USA

6 Belfield Drive

Johnston, RI 02919 USA 14 BOUTHE AYENUE NO. PAU. KY

Zip: 02919

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

SANDRA A. BOISVERT 6 BELLFIELD DRIVE JOHNSTON, RI 02919

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

## Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Sandra Boisvert

Business Name: Smiling Angels Society No. and Street: 6 BELFIELD DRIVE

City or Town:

**JOHNSTON** 

State: RI

Contact Phone: (401) 263-1341 ext:

Contact Email: saboisvert@verizon.net

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 13 Day of May, 2016 at 9:02:12 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 Sandra Boisvert

Signature of Authorized Person

**Make Corrections** 

Accept

Country: **USA** 

Form No. 631 Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved