



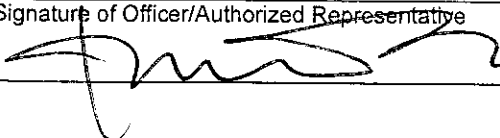
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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			
534286		Ray Pacia Kids Foundation			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Foundation provides assistance to roganizations eligible for charitable donations			
5. Principal Office Address		City	State	Zip	
50 Power Road		Pawtucket	RI	02860-3451	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Raymond A. Pacia			Vice-President Name Mary Malone		
Street Address 9B Nipmuc Trail			Street Address 76 Pearson Avenue		
City No. Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
Secretary Name Mary Malone			Treasurer Name Raymond A. Pacia		
Street Address 76 Pearson Avenue			Street Address 9B Nipmuc Trail		
City Pawtucket	State RI	Zip 02860	City No. Providence	State RI	Zip 02904
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Raymond A. Pacia			Director Name Mary Malone		
Street Address 9B Nipmuc Trail			Street Address 76 Pearson Avenue		
City No. Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
Director Name Wendy G. Turenne			Director Name		
Street Address 63 Metcalf Street			Street Address		
City Providence	State RI	Zip 02904	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.					
<b>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.</b>					
<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 Raymond A. Pacia - President				Date June 2, 2016	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					