



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. 000111664

2. Name of Corporation HeadsUp, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 134 MATHEWSON STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 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

DEVELOPING PROGRAMS FOR HEALTH, EDUCATION AND ARTS FOR CHILDREN,
YOUNG PEOPLE AND ADULTS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LISA CARTER	25 WEST HARKNESS ROAD NORTH SMITHFIELD, RI 02896 USA
TREASURER	TIMOTHY CUMMINGS	595 PROSPECT STREET WOONSOCKET, RI 02895 USA

SECRETARY	MATT KELLY	2 FOURTH STREET BARRINGTON, RI 02806 USA
VICE PRESIDENT	REV. JACK JONES	357 PEQUOT AVE WARWICK, RI 02889 USA
DIRECTOR	LISA CARTER	25 WEST HARKNESS ROAD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MATT KELLY	2 FOURTH STREET BARRINGTON, RI 02806 USA
DIRECTOR	JACK JONES	357 PEQUOT AVE WARWICK, RI 02889 USA

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

REV. JONATHAN R. ALMOND 134 MATHEWSON STREET PROVIDENCE , RI 02903

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

Signed this 9 Day of June, 2016 at 2:07:00 PM 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 KAREN M. GAGER
Signature of Authorized Person

Form No. 631
Revised 09/07

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