



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. 000115441

2. Name of Corporation The Rhode Island Breastfeeding Coalition

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 26 1/2 ORCHARD STREET

City or Town: PAWTUCKET

State: RI Zip: 02860 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 INCREASE THE INCIDENCE OF BREASTFEEDING IN RHODE ISLAND THROUGH BREASTFEEDING EDUCATION, PROMOTION AND SUPPORT.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MELISA NUNES	2960 PAWTUCKET AVE. RIVERSIDE, RI 02915 USA
TREASURER	KATHY KEEFE	26 1/2 ORCHARD ST. PAWCATUCK, RI 02860 USA

DIRECTOR	KRISTEN BROWN	16 TOPS ST PROVIDENCE, RI 02905 USA
DIRECTOR	LISA HAWTHORNE	9 BICKNELL AVE EAST GREENWICH, RI 02818 USA
DIRECTOR	DENISE FENICK	79 PROSSER TRAIL CHARLESTOWN, RI 02813 USA
DIRECTOR	ELAINE DESISTO	26 1/2 ORCHARD ST PAWTUCKET , RI 02860 US
DIRECTOR	ASHLEY BILLER	3 CAPITOL HILL PROVIDENCE, RI 02908 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**

KATHY KEEFE 26 1/2 ORCHARD STREET PAWTUCKET , RI 02860

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

Signed this 13 Day of June, 2016 at 10:36:22 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 MELISA NUNES
Signature of Authorized Person

Form No. 631
Revised 09/07

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