



State of Rhode Island - Department of State - Business Services Division

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE  
CORPORATIONS DIV

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1. Entity ID Number <u>795125</u>		2. Exact name of the Corporation <u>YOUR PEACE OF MIND INC</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO PROVIDE DAYCARE AND RECREATION FOR FOR CHILDREN AND SENIOR</u>			
5. Principal Office Address <u>57 GOULD ST</u>		City <u>NEWPORT</u>		State <u>RI</u>	Zip <u>02840</u>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>GREGORY JOHNSON</u>			Vice-President Name		
Street Address <u>57 GOULD ST</u>			Street Address		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip
Secretary Name <u>BARBARA WINTERS</u>			Treasurer Name <u>CRYSTAL SEARS</u>		
Street Address <u>18 CALLENDER AVE</u>			Street Address <u>7 BEACON TERRACE</u>		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>MIDDLETOWN</u>	State <u>RI</u>	Zip <u>02842</u>
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 <u>CRYSTAL SEARS</u>			Director Name <u>GREGORY JOHNSON</u>		
Street Address <u>7 BEACON TERRACE</u>			Street Address <u>57 GOULD ST</u>		
City <u>MIDDLETOWN</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>
Director Name <u>BARBARA WINTERS</u>			Director Name <u>BARBARA WINTERS</u>		
Street Address <u>18 CALLENDER</u>			Street Address <u>18 CALLENDER</u>		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>
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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Gregory Johnson</u>				Date <u>6-20-16</u>	
Signature of Officer/Authorized Representative <u>GREGORY JOHNSON</u>				SIGN DOCUMENT HERE	

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FORM 631 - Revised: 05/2016

MAIL TO:

Division of Business Services

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