



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. 000148403

2. Name of Corporation Families First, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 139 OCEAN AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02906

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

CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JUDITH SHAW	136 LLOYD AVENUE PROVIDENCE, RI 02906 USA
TREASURER	DENNIS COHEN	16 STIMSON AVENUE PROVIDENCE, RI 02906 USA
SECRETARY	LAUREN VANDERVELTE	7 WHITE OAK CT

		COVENTRY, RI 02816 USA
DIRECTOR	MELISSA-LUAREN HOOKS	1 CHESTNUT STREET, APT 114 PROVIDENCE, RI 02903 USA
DIRECTOR	SALLY HARRISON	16 STIMSON AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	KATHY GOLDBERGER	8 ARNOLD STREET BARRINGTON, RI 02806 USA
DIRECTOR	MATTHEW DITOMASSO	167 PINECREST DR NORTH KINGSTOWN, RI 02852 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**

PAUL F. SINGER, ESQ. 28 CAROLINA MAIN STREET P.O. BOX 487 CAROLINA , RI 02812

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

Signed this 22 Day of June, 2016 at 10:20:35 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 BETH A. HURT
Signature of Authorized Person

Form No. 631
Revised 09/07

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