



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.** 000314237

**2. Name of Corporation** Try CAPS Creative Art and Problem Solving Program

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 27 SIMS AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02908

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**

PROVIDE, CREATIVE ART EXPERIENCES, PROBLEM SOLVING SKILLS, POSITIVE YOUTH DEVELOPEMENT AND OUT REACH TO UNDERSERVED AND DISADVANTAGED YOUTH, AGES 10 TO 15

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | PHYLLIS BOCAGE                                 | 221 WHITFORD AVENUE<br>PROVIDENCE, RI 02908 USA            |
| SECRETARY | SHAKENA GIBBONS                                | 227 GALLATIN                                               |

|          |                     |                                                 |
|----------|---------------------|-------------------------------------------------|
|          |                     | PROVIDENCE, RI 02909 UNI                        |
| DIRECTOR | DOROTHY L FIELDS    | 57 HENRIETTA STREET<br>PROVIDENCE, RI 02904 USA |
| DIRECTOR | CELESTE F. THOMASON | 66 BANCROFT STREET<br>PROVIDENCE, RI 02909 USA  |
| DIRECTOR | MICHAEL GADOURY     | 108 WHITFORD AVENUE<br>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**

PHYLLIS BOCAGE 221 WHITFORD AVENUE PROVIDENCE , RI 02908

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

**Signed this 29 Day of June, 2016 at 10:28:05 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 CELESTE F. THOMASON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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