



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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

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

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved