

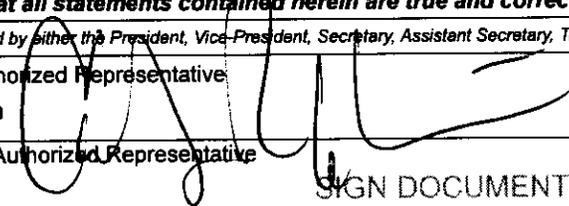


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 120731		2. Exact name of the Corporation Project USA Corp	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Raise funds through sale of items or other means to disburse for charitable purposes. <input checked="" type="checkbox"/>	
5. Principal Office Address 2000 Chapel Hill Blvd., Ste. 360		City Cranston	State RI
		Zip 02920	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Carolyn Rafaelian		Vice-President Name Rachel L. Rafaelian-Ajaj	
Street Address 2000 Chapel View Blvd., Ste. 360		Street Address 2000 Chapel View Blvd., Ste. 360	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Rebecca Caruolo		Treasurer Name Carolyn Rafaelian	
Street Address 2000 Chapel View Blvd.		Street Address 2000 Chapel View Blvd.	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Carolyn Rafaelian		Director Name Rebecca Caruolo	
Street Address 2000 Chapel View Blvd., Ste. 360		Street Address 2000 Chapel View Blvd., Ste. 360	
City Cranston	State RI	City Cranston	State RI
Zip 02020		Zip 02920	
Director Name Rachel L. Rafaelian-Ajaj		Director Name	
Street Address 2000 Chapel View Blvd., Ste. 360		Street Address	
City Cranston	State RI	City	State
Zip 02920		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Carolyn Rafaelian			Date
Signature of Officer/Authorized Representative 			

SIGN DOCUMENT HERE **FILED**

JUL 08 2016
 BY 1058 A.A.

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov