



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. 001339353

2. Name of Corporation Melissa Shay Agosto ; Mental Illness Awareness Foundation, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 97 WILLIAMS AVE
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 97 WILLIAMS AVE
City or Town: EAST PROVIDENCE State: RH Zip: 02914 Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: IN HONOR OF MY SISTER-IN-LAW WHO RECENTLY PASSED AND SUFFERED FROM SEVERE MENTAL ILLNESS AND HELP RAISE MONEY TO BRING AWARENESS TO THE COMMUNITY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 |
|--------------|---|---|
| TREASURER | LUIS AGOSTO | 97 WILLIAMS AVE EAST PROVIDENCE, RI 02914 USA |
| SECRETARY | RUTH AGOSTO | 97 WILLIAMS AVE EAST PROVIDENCE, RI 02914 USA |
| INCORPORATOR | CHEYENNE MOSELEY | 101 N BRAND BLVD. 10TH FLOOR GLENDALE, CA 91203 USA |
| DIRECTOR | MOISES AGOSTO | 97 WILLIAMS AVE EAST PROVIDENCE, RI 02914 USA |
| DIRECTOR | TINA AGOSTO | 97 WILLIAMS AVE EAST PROVIDENCE, RI 02914 USA |
| DIRECTOR | IRIS AGOSTO | 97 WILLIAMS AVE EAST PROVIDENCE, RI 02914 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

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200
WARWICK , RI 02888

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

Signed this 17 Day of July, 2016 at 10:25:32 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 TINA AGOSTO
Signature of Authorized Person

Form No. 631
Revised 09/07