



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.** 000788066

**2. Name of Corporation** The Elisha Project

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 65 NEWPORT AVENUE  
SUITE 6

City or Town: EAST PROVIDENCE State: RI Zip: 02916 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**

OUR MISSION IS TO PROVIDE SUPPORT IN THE FORM OF FOOD, CLOTHING, AND SERVICES TO INDIVIDUALS AND FAMILIES IN NEED.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
PRESIDENT	GEORGE L ORTIZ JR.	29 WEEDEN AVENUE RUMFORD, RI 02916 USA
CFO	MARK KRUPOWICZ	40 USHER TERRACE

		BRISTOL, RI 02809 USA
DIRECTOR	CARRIE LYNN ORTIZ	29 WEEDEN AVENUE RUMFORD, RI 02916 USA
DIRECTOR	GEORGE LUIS ORTIZ JR	29 WEEDEN AVENUE RUMFORD, RI 02916 USA
DIRECTOR	KEVIN RILEY	6 BOW STREET MILLIS, MA 02054 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**

GEORGE L. ORTIZ, JR. 29 WEEDEN AVENUE RUMFORD , RI 02916

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

**Signed this 20 Day of July, 2016 at 2:13:39 PM 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 GEORGE L. ORTIZ, JR.  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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