



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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2016 AUG 16 PM 3:57

1. Entity ID Number <u>000130430</u>		2. Exact name of the Corporation <u>China Adoption With Love</u>			
3. State of Incorporation <u>MA</u>		4. Brief description of the character of business conducted in Rhode Island <u>international adoption</u>			
5. Principal Office Address <u>1080 Main Street</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Paul Salvvey</u>			Vice-President Name <u>Susan McGuil</u>		
Street Address <u>251 Harvard St. #19</u>			Street Address <u>251080 Main Street</u>		
City <u>Brookline</u>	State <u>MA</u>	Zip <u>02446</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Secretary Name <u>Lillian Zhang</u>			Treasurer Name <u>Stephen Shechtman</u>		
Street Address <u>251 Harvard Street #19</u>			Street Address <u>1080 Main Street</u>		
City <u>Brookline</u>	State <u>MA</u>	Zip <u>02446</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>all above</u>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <u>Lillian Zhang</u>				Date <u>8/16/2016</u>	
Signature of Officer/Authorized Representative <u>Lillian Zhang</u>				SIGN DOCUMENT HERE	

**FILED**

AUG 16 2016

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

By C 11547638