



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. 000791717

2. Name of Corporation Caritas Smile

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1432 NARRAGANSETT BOULEVARD

City or Town: CRANSTON

State: RI Zip: 02905 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

DELIVERING GIFTS WITH INSPIRATIONAL MESSAGES AND EXPERIENCES TO EMPOWER AND IMPROVE THE EMOTIONAL WELL-BEING OF CHILDREN LIVING IN DEVELOPING COUNTRIES AND IN THE UNITED STATES; TEACHING CHILDREN AND WOMEN IN DEVELOPING COUNTRIES AND THE UNITED STATES ABOUT THE BASICS OF FINANCE, FINANCIAL LITERACY AND ENTREPRENEURSHIP; AND HOLDING YEARLY TOY/GIFT DRIVES AND SPECIALS EVENTS FOR THE PURPOSE OF COLLECTING TOYS AND FUNDS FOR THE CORPORATION'S MISSIONS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SIXCIA DEVINE	6715 VIA REGINA BOCA RATON, FL 33433 USA
DIRECTOR	ABRAHAM B. HENDERSON	93-95 CAROLINA AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	DAVID VARONE	1432 NARRAGANSETT BLVD CRANSTON, RI 02905 USA
DIRECTOR	GRACE PORTILLO	43 JOSLINE STREET PROVIDENCE, RI 02909 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**

SIXCIA DEVINE 1432 NARRAGANSETT BOULEVARD CRANSTON , RI 02905

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 October, 2016 at 12:27:42 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 SIXCIA DEVINE
Signature of Authorized Person

Form No. 631
Revised 09/07

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