



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 <b>000830370</b>		2. Exact name of the Corporation <b>NATHAN'S ANGELS MEMORIAL FOUNDATION, INC.</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>SAID CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES INCLUDING FOR SUCH PURPOSES THE</b>	
5. Principal Office Address <b>P.O. BOX 7584</b>		City <b>CUMBERLAND</b>	State <b>RI</b>
		Zip <b>02864</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>MELISSA SOARES</b>		Vice-President Name <b>SANDRA GIOVANELLI</b>	
Street Address <b>17 MARYWOOD LANE</b>		Street Address <b>1455 CENTERVILLE ROAD</b>	
City <b>CUMBERLAND</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02864</b>		Zip <b>02886</b>	
Secretary Name <b>EMILY AMARAL</b>		Treasurer Name	
Street Address <b>83 VINEYARD AVENUE</b>		Street Address	
City <b>CUMBERLAND</b>	State <b>RI</b>	City	State
Zip <b>02864</b>		Zip	
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 <b>MELISSA SOARES</b>		Director Name <b>SANDRA GIOVANELLI</b>	
Street Address <b>17 MARYWOOD LANE</b>		Street Address <b>1455 CENTERVILLE ROAD</b>	
City <b>CUMBERLAND</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02864</b>		Zip <b>02886</b>	
Director Name <b>EMILY AMARAL</b>		Director Name <b>LUCILLE GOMES-AVELAR</b>	
Street Address <b>83 VINEYARD AVENUE</b>		Street Address <b>203 MENDON AVENUE</b>	
City <b>CUMBERLAND</b>	State <b>RI</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
Zip <b>02864</b>		Zip <b>02860</b>	
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 <b>MELISSA SOARES</b>			Date <b>10/26/2016</b>
Signature of Officer/Authorized Representative 			

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**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 631 - Revised: 05/2016

**NATHAN'S ANGELS MEMORIAL FOUNDATION**  
**ENTITY ID NUMBER: 000830370**

**4. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN  
RHODE ISLAND**

SAID CORPORATION 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 SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

**FILED**

OCT 28 2016

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