Ctota of Disaster Labor 1				a :- a	
State of Rhode Island an Department of St			s Division		28 73
Annual Report for the ye	. .				2016 N
Non-Profit Corporation					E SER
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00					22 500
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.					PH OSE
1. Entity ID Number		of the Corporatio			W S
000789576			Cause Rhode	Island	89 m
3. State of Incorporation Rhode Island Exclusively, charitable scientific and educational forms.					
Rhodelsland	exclusiv	vely, chai	ritable scientifi cifically to chari	c and eauch	ational pul-
5. Principal Office Address			City	State	Zip
2231 Matunuck Sc		D ROX 800	Charlestown	RI	02813
C					licate an attachment
President Name Sandra Karasuk Puchalski			Vice-President Name Thomas Sylvia		
Street Address Po Box 338			Street Address 124 Bedford Dr.		
city Charlestown	State RI	Zip 02813	City Wakefield	State R	Zip 02879
Secretary Name iana La	paglia		Tong a surrough Name	10 J. 5n	
Street Address Matunick School house Rd			Street Address PO Box 1379		
city Wakefield	State RI	Zip 02879		· p	Zp 02813
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
Check the box to indicate an attachment Director Name Sandra Karasuk Puchalsk Director Name Thomas Sulvia					
			Street Address C 1 0 1 7		
Director Name		Zip02813	Director Marso		Zip 02879
Director Name Diana Lapaglia Street Address Matunuck Schoolhouse Rd Director Name Evelyn J. Smith Street Address Box 1379					th
	Schooling		POBOX	1379	17
	State R1	ZipO2879	city Charles town	State RL	Zip 02813
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Evelun J. Smith 11-21-16					
Signature of Officer/Authorized Representative					
sie Cuelius Fewil					
			FILED		
MAIL TO:			E STATE STATE OF THE STATE OF T	2.72	
Division of Business Services 48 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040			NOV 2 2 2016	3.5	
			M 28918	8	
Vebsite: www.sos.ri.gov			NOV 22 2016 By \$1 28918	FOR	M 631 - Revised: 05/2016

MAIL TO:

Phone: (401) 222-3040 Website: www.sos.ri.gov

ATTACHMENT TO: NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

COLORS FOR A CAUSE RHODE ISLAND ENTITY ID NO. 000789576

7. ADDITIONAL DIRECTORS.

Christine Dussault 6 Greene Court Westerly, RI 02891

Raymond Dussault 10 Narrow Lane Charlestown, RI 02813

Ken Galyas 10 Narrow Lane Charlestown, RI 02813

Anthony Hall 26 Calla Street Providence, RI 02905

Kenneth Lema Rose Hill Road Wakefield, RO 02879