

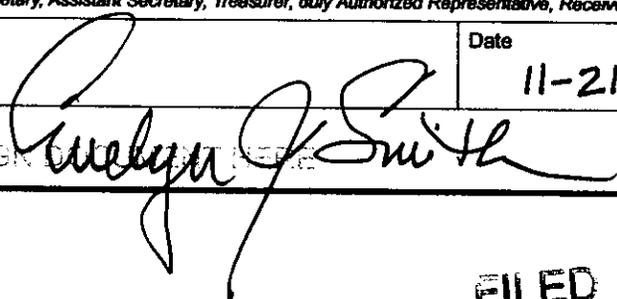


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
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
 R.I. DEPT. OF STATE
 600 N. STATE ST. CIV.
 2016 NOV 22 PM 3:28

1. Entity ID Number 000789576		2. Exact name of the Corporation Colors for a Cause Rhode Island	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Exclusively, charitable, scientific and educational purposes, more specifically, to charitable and educational.	
5. Principal Office Address 2231 Matunuck Sch. Rd./PO Box 800		City Charlestown	State RI
		Zip 02813	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sandra Karasuk Puchalski		Vice-President Name Thomas Sylvia	
Street Address PO Box 338		Street Address 124 Bedford Dr.	
City Charlestown	State RI	City Wakefield	State RI
Zip 02813		Zip 02879	
Secretary Name Diana Lapaglia		Treasurer Name Evelyn J. Smith	
Street Address 1925 Matunuck Schoolhouse Rd		Street Address PO Box 1379	
City Wakefield	State RI	City Charlestown	State RI
Zip 02879		Zip 02813	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Sandra Karasuk Puchalski		Director Name Thomas Sylvia	
Street Address PO Box 338		Street Address 124 Bedford Dr.	
City Charlestown	State RI	City Wakefield	State RI
Zip 02813		Zip 02879	
Director Name Diana Lapaglia		Director Name Evelyn J. Smith	
Street Address 1925 Matunuck Schoolhouse Rd		Street Address PO Box 1379	
City Wakefield	State RI	City Charlestown	State RI
Zip 02879		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.			
<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 Evelyn J. Smith		Date 11-21-16	
Signature of Officer/Authorized Representative 			

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

FILED 3:30
 NOV 22 2016
 287188
 By _____ FORM 631 - Revised: 05/2016

**ATTACHMENT TO:
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

**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