| Department of State - Business Services Division   |  |                    |                                      |          |                          |  |
|--|--|--------------------|--------------------------------------|----------|--------------------------|--|
| Annual Report for the year: 2016 Non-Profit Corporation  |  |                    |                                      |          |                          |  |
| <ul> <li>→ Filing period: June 1 - June 30</li> <li>→ Filing Fee: \$20.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by July 30.</li> </ul> |  |                    |                                      |          |                          |  |
| Entity ID Number     2. Exact name of the Corporation  |  |                    |                                      |          |                          |  |
| 1011437  | Play it Forward  |                    |                                      |          |                          |  |
| 3. State of Incorporation  | The state of promotor of promotor of the state of the sta |                    |                                      |          |                          |  |
| RI Family Services   |  |                    |                                      |          |                          |  |
| 5. Principal Office Address  |  |                    | City                                 | State    | Zip                      |  |
| 38 Curtis St   |  |                    | E. Providence                        | RI       | 02914                    |  |
| 6. List ALL officers (names and addresses)  Check the box to indicate an attachment  |  |                    |                                      |          |                          |  |
| President Name le Estrella   |  |                    | Vice-President Name Leonard Estrella |          |                          |  |
| Street Address 38 Curtis 5+  |  |                    | Street Address 38 Covtis St          |          |                          |  |
| City E. Providence   | State  | Zip 02914          | City E. Providence                   | State T  | Zip<br>029 ( 4           |  |
| Secretary Name Magan Del quercia   |  |                    | Treasurer Name Jessia Dursi          |          |                          |  |
| Street Address 341 Stephen French Rd   |  |                    | Street Address   Blon 5+             |          |                          |  |
| Swansea  | MA   | <sup>Zp</sup> 2777 | City Providence                      | State    | Zip 02906                |  |
| 1. List ALE directors (frames and addresses). Ri Corporations MUST list at least THREE directors.  |  |                    |                                      |          |                          |  |
| Director Name Check the box to indicate an attachm  Director Name Tudy Cola lucca  |  |                    |                                      |          | o indicate an attachment |  |
| Street Address   |  |                    | Strathdoor Tudy Cola lucca           |          |                          |  |
|  |  |                    | Street Address 61 Wood RA            |          |                          |  |
| City E. Providence   | State State  | 202914             | Chesachet                            | State RT | Zip 02814                |  |
| Nicole Estrella  |  |                    | Director Name                        |          |                          |  |
| Street Address 38 Curtis St.   |  |                    | Street Address                       |          |                          |  |
| City E. Providence   | State  | Zip<br>02914       | 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.                        |  |                    |                                      |          |                          |  |

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, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative

Nicole Estrella Signature of Officer/Authorized Representative

12/27/16

State of Rhode Island and Providence Plantations

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 0 6 2017

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