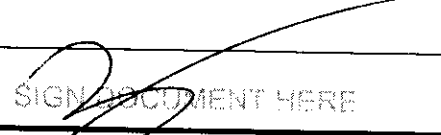




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 1011437		2. Exact name of the Corporation Play it Forward	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Family Services	
5. Principal Office Address 38 Curtis St		City E. Providence	State RI
		Zip 02914	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nicole Estrella		Vice-President Name Leonard Estrella	
Street Address 38 Curtis St		Street Address 38 Curtis St	
City E. Providence	State RI	City E. Providence	State RI
Zip 02914		Zip 02914	
Secretary Name Magan Delguercia		Treasurer Name Jessica Dursi	
Street Address 341 Stephen French Rd		Street Address 11 Eton St	
City Swansea	State MA	City Providence	State RI
Zip 02777		Zip 02906	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Leonard Estrella		Director Name Judy Cola Iucca	
Street Address 38 Curtis St.		Street Address 61 Wood Rd	
City E. Providence	State RI	City Chepachet	State RI
Zip 02914		Zip 02814	
Director Name Nicole Estrella		Director Name	
Street Address 38 Curtis St.		Street Address	
City E. Providence	State RI	City	State
Zip 02914		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Nicole Estrella		Date 12/27/16	
Signature of Officer/Authorized Representative 			
SIGN DOCUMENT HERE			

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 
JAN 06 2017

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