



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

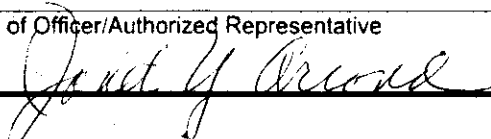
Annual Report for the year: 2016

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 823555		2. Exact name of the Corporation Keep Life Moving, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Nonprofit faith based cancer support organization. Organizes cancer and caregiver support groups			
5. Principal Office Address 22 Lane B		City Coventry		State RI	Zip 02816
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Yvonne E. Pascua			Vice-President Name Jonathan J. Pascua		
Street Address 22 Lane B			Street Address 222 Raccoon Run Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Janet Y. Arcand			Treasurer Name Rev. Yvonne E. Pascua		
Street Address 22 Lane B			Street Address 22 Lane B		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 Rev. Yvonne E. Pascua			Director Name Jonathan J. Pascua		
Street Address 22 Lane B			Street Address 222 Raccoon Run Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Janet Y. Arcand			Director Name		
Street Address 22 Lane B			Street Address		
City Coventry	State RI	Zip 02816	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.					
<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 Janet Y. Arcand				Date 1/15/17	
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

BY 1180

JAN 19 2017

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