



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.

\$45.00

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 MAR 15 AM 10:57

1. Entity ID Number 000084100		2. Exact name of the Corporation Central Falls Family Self Sufficiency Foundation	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To assist low income and subsidized housing tenants and families including but not limited to HUD Section 8 Housing tenants and families. Title: 7-6	
5. Principal Office Address 30 Washington Street		City Central Falls	State RI
		Zip 02863	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tina-Marie Sullivan		Vice-President Name	
Street Address 30 Washington Street		Street Address	
City Central Falls	State RI	Zip 02863	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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 Sandra Cano		Director Name Gidget Grivers	
Street Address 693 Broad Street		Street Address 693 Broad Street	
City Central Falls	State RI	Zip 02863	
Director Name Leslie Estrada		Director Name Cornelius Flynn	
Street Address 46 Perry Street		Street Address 46 Courtland Street	
City Central Falls	State RI	Zip 02863	
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 Bridgett M. Duquette			Date March 10, 2017
Signature of Officer/Authorized Representative 			

FILED

MAR 15 2017

BY 298287 10:58