



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**

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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
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1. Entity ID Number <b>000084100</b>		2. Exact name of the Corporation <b>Central Falls Family Self Sufficiency Foundation</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>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</b>	
5. Principal Office Address <b>30 Washington Street</b>		City <b>Central Falls</b>	State <b>RI</b>
		Zip <b>02863</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Tina-Marie Sullivan</b>		Vice-President Name	
Street Address <b>30 Washington Street</b>		Street Address	
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Sandra Cano</b>		Director Name <b>Gidget Grivers</b>	
Street Address <b>693 Broad Street</b>		Street Address <b>693 Broad Street</b>	
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	
Director Name <b>Leslie Estrada</b>		Director Name <b>Cornelius Flynn</b>	
Street Address <b>46 Perry Street</b>		Street Address <b>46 Courtland Street</b>	
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Bridgett M. Duquette</b>			Date <b>March 10, 2017</b>
Signature of Officer/Authorized Representative 			

**FILED**

**MAR 15 2017**

**BY 298287 10:58**

MAIL TO:  
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