



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

Annual Report for the year:
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.

FILED
R.I. DEPT. OF STATE
BUSINESS DIV.

2017 MAY 19 PM 1:57

1. Entity ID Number 972402		2. Exact name of the Corporation Melo Project Runway for Youth	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island non-profit organization creating Art & Fashion	
5. Principal Office Address Hopkinton Village 1005 Main Street Suite 813		City Pawtucket	State R.I.
		Zip 02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tina Melo		Vice-President Name Rabia Lori Truehart	
Street Address 1005 Main Street		Street Address Elizabeth Street	
City Pawtucket	State R.I.	City Fairhaven	State MASS
Zip 02860		Zip 02719	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Robin Tagliaferri		Director Name Mary Anne Swenson	
Street Address		Street Address 18 HARVARD AVE	
City Cranston	State R.I.	City WARWICK	State R.I.
Zip 02889		Zip 02889	
Director Name Lori Truehart		Director Name	
Street Address Elizabeth Street		Street Address	
City Fairhaven	State MASS	City	State
Zip 02719		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 Tina Melo		FILED	Date 5/19/2017
Signature of Officer/Authorized Representative		MAY 19 2017	

MAIL TO:
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