




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

Annual Report for the year: 2017

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 000830370		2. Exact name of the Corporation NATHAN'S ANGELS MEMORIAL FOUNDATION, INC		
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)3 of the internal revenue code, or the corresponding section of any future federal tax code.		
5. Principal Office Address P.O. BOX 7584		City CUMBERLAND	State RI	Zip 02864
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name MELISSA SOARES		Vice-President Name SANDRA GIOVANELLI		
Street Address 17 MARYWOOD LANE		Street Address 1455 CENTERVILLE ROAD		
City CUMBERLAND	State RI	Zip 02864	City WARWICK	State RI Zip 02886
Secretary Name EMILY AMARAL		Treasurer Name LUCILLE GOMES AVELAR		
Street Address 83 VINEYARD AVENUE		Street Address 203 MENDON AVENUE		
City CUMBERLAND	State RI	Zip 02864	City PAWTUCKET	State RI Zip 02860
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 MELISSA SOARES		Director Name SANDRA GIOVANELLI		
Street Address 17 MARYWOOD LANE		Street Address 1455 CENTERVILLE ROAD		
City CUMBERLAND	State RI	Zip 02864	City WARWICK	State RI Zip 02886
Director Name EMILY AMARAL		Director Name LUCILLE GOMES AVELAR		
Street Address 83 VINEYARD AVENUE		Street Address 203 MENDON AVENUE		
City CUMBERLAND	State RI	Zip 02864	City PAWTUCKET	State RI Zip 02860
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 MELISSA SOARES			Date 5/5/2017	
Signature of Officer/Authorized Representative 				

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAY 30 2017
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