



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

Annual Report for the year:

Non-Profit Corporation

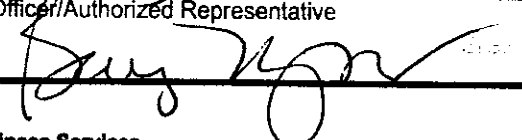
2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

2017 JUN - 1 AM 10:58
RI DEPT OF STATE
BUSINESS SERVICES DIV

1. Entity ID Number 789221		2. Exact name of the Corporation The Empowering Project			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To enrich human life Through animal interaction			
4. NAICS Code 813319					
6. Principal Office Address 84 Slater Ave		City PROV		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Beverly Wright		Vice-President Name			
Street Address 84 Slater Ave		Street Address			
City PROV	State RI	Zip 02906	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. 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 Pamela Cardillo		Director Name Joe Stronk			
Street Address 181 Chase Ave		Street Address 11 Apthorp St			
City PROV	State RI	Zip 02906	City Quincy	State MA	Zip 02170
Director Name Elaine Cardillo		Director Name			
Street Address 147 Fairway Dr		Street Address			
City Quincy	State MA	Zip 02170	City	State	Zip
9. 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 Beverly Wright				Date May 29, 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

JUN 01 2017

BY 

FORM 631 - Revised: 05/2017