



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 <u>1658461</u>		2. Exact name of the Corporation <u>For Pete's Sake and Rosie's Two</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO provide recreational opportunities for children and/or adults with a variety of disabling conditions + illnesses</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>118 Laurel Ridge Ave</u>		City <u>Pascoag</u>	State <u>RI</u> Zip <u>02859</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Sandra Carter-Lafortune</u>		Vice-President Name <u>Margaret Desjarlais</u>	
Street Address <u>118 Laurel Ridge Ave</u>		Street Address <u>100 Laurel Ridge Ave</u>	
City <u>Pascoag</u>	State <u>RI</u>	City <u>Pascoag</u>	State <u>RI</u> Zip <u>02859</u>
Secretary Name <u>Kathlee Collins</u>		Treasurer Name <u>Leigh Bianco</u>	
Street Address <u>131 East Killingly Rd</u>		Street Address <u>17 Saratoga Dr</u>	
City <u>Foster</u>	State <u>RI</u>	City <u>Uxbridge</u>	State <u>MA</u> Zip <u>01569</u>
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 <u>Cynthia Lussier</u>		Director Name <u>Roland Lafortune</u>	
Street Address <u>150 Old Wallum Lake Rd</u>		Street Address <u>118 Laurel Ridge Ave</u>	
City <u>Pascoag</u>	State <u>RI</u>	City <u>Pascoag</u>	State <u>RI</u> Zip <u>02859</u>
Director Name <u>Keith Orr</u>		Director Name <u>Theresa Ponte</u>	
Street Address <u>PO Box 447</u>		Street Address <u>934 Reynolds Rd</u>	
City <u>Thompson</u>	State <u>CT</u>	City <u>Chepachet</u>	State <u>RI</u> Zip <u>02814</u>
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.			
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 <u>Sandra Carter-Lafortune</u>			Date <u>5-30-17</u>
Signature of Officer/Authorized Representative <u>Sandra Carter-Lafortune</u>			

FILED
JUN 05 2017

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