



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

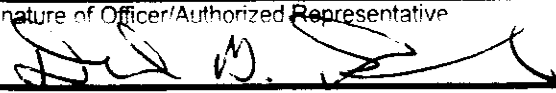
Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

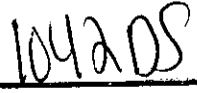
→ Filing Fee: \$20.00

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

1. Entity ID Number 143122		2. Exact name of the Corporation Cymry's Christmas Wish			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fundraising to complete our mission to educate and inspire children and adults about people who are differently able through charitable deeds.			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 51 Friendly Road		City Cranston		State RI	Zip 02910
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Cymry Costa			Vice-President Name John Costa		
Street Address 5 Ida Lane			Street Address 51 Friendly Road		
City Fall River	State MA	Zip 02720	City Cranston	State RI	Zip 02910
Secretary Name Cheryl Costa			Treasurer Name David Fisher		
Street Address 5 Ida Lane			Street Address 51 Friendly Road		
City Fall River	State MA	Zip 02720	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name John Costa			Director Name David Fisher		
Street Address 51 Friendly Road			Street Address 51 Friendly Road		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Lisa Fisher			Director Name Lesley Levin		
Street Address 4 Leader Street			Street Address 44 Dean Street		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
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.					
<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 David G. Fisher					Date 6/01/2017
Signature of Officer/Authorized Representative 					

FILED

JUN 05 2017

BY 

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

FORM 631 - Revised: 05/2017