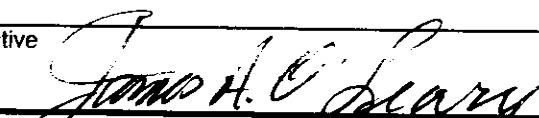





State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 153025		2. Exact name of the Corporation Changing Minds And Hearts Education Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide instruction and other aids to age 5-16 kids to cope with bullying			
4. NAICS Code 61					
6. Principal Office Address 39 Eagle Drive Unit 3B		City No. Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward J. Caron			Vice-President Name Christina Caron		
Street Address 39 Eagle Drive			Street Address 49 Yale Avenue		
City No. Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02888
Secretary Name James A. O'Leary			Treasurer Name Edward J. Caron		
Street Address 9 Mark Fore Drive			Street Address 39 Eagle Drive		
City West Warwick	State RI	Zip 02893	City No. Kingstown	State RI	Zip 02852
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 Edward J. Caron			Director Name James O'Leary		
Street Address 39 Eagle Drive			Street Address 9 Mark Fore Drive		
City No. Kingstown	State RI	Zip 02852	City West Warwick	State RI	Zip 02893
Director Name Christina Caron			Director Name		
Street Address 49 Yale Avenue			Street Address		
City Warwick	State RI	Zip 02888	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.					
<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 James A. O'Leary				Date 6/25/2017	
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 28 2017
 BY 2006