RI SOS Filing Number: 201748548560 Date: 8/17/2017 10:49:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2003

RECOMMED AN R.L. DEPT. OF STATE BUS SVCS DIV

2017 AUG 17 AM 10: 47

-> Filing period: June 1 - June 30

Filing Fee: \$20.00

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

Retroactive F	iling per	2017 RI H	6169	en e	
Entity ID Number	2. Exact name of the Corporation				
96031	Save the Neighborhoods Inc				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Non Profit Housing, education and various charitable causes and businesses including education				
4. NAICS Code	and relief for the homeless and the poor.				
624229 - Other Community Hou					
6. Principal Office Address			City	State	Zip
John H. Ruginski Suites, 127 Dorrance Street, 5th Floor			Providence	RI	02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Robert Cooper			Vice-President Name		
Street Address 725 Branch Avenue, #104			Street Address		
City Providence	State RI	^{Zip} 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and ad	dresses). RI Corr	oorations MUST	list at least THREE directors.	Check the box to indica	ite an attachment
Director Name Thalia Cores			Director Name Jaime Cores		
Street Address 37 Sibley Street			Street Address 211 Pavilion Street		
^{City} Providence	State RI	^{Zip} 02907	City Providence	State Ri	^{Zip} 02905
Director Name Andrew Cooper			Director Name Jamie Lee Cores		
Street Address 27 Fenner Street			Street Address 37 Sibley Street		
^{City} Fall River	State MA	^{Zip} 02724	City Providence	State RI	^{Zip} 02907
9. Registered Agent in Rhode Island	d. This information is	s currently of recor	d in the Department of State. Changes	require filing Form 641	
Under penalty of perjury, I declar statements, and that all statemen				ompanying schedul	es and
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 Robert Cooper					/2012
Signature of Officer/Authorized Representative					
The and					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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BY OUL 310428

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Entity ID: 96031 Save the Neighborhoods Inc

2017 Filing - Addendum to Board of Directors

Robert Cooper 725 Branch Avenue #104 Providence, RI 02904

LUCY Throck Monton
142 Rounds Ave
Pru PI 02907