



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2017 DEC 21 AM 10:02

STAMP

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 <b>795125</b>		2. Exact name of the Corporation <b>Our Peace of Mind Inc.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To provide Daycare and Recreation for Children and Senior</b>	
4. NAICS Code <b>624410</b>			
6. Principal Office Address <b>57 Gould St</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Gregory Johnson</b>		Vice-President Name	
Street Address <b>57 Gould St</b>		Street Address	
City <b>Newport</b>	State <b>RI</b>	City	State
Zip <b>02840</b>		Zip	
Secretary Name <b>Barbara Winters</b>		Treasurer Name <b>Crystal Sears</b>	
Street Address <b>18 Callender Ave</b>		Street Address <b>7 Beacom Terr</b>	
City <b>Newport</b>	State <b>RI</b>	City <b>Middletown</b>	State <b>RI</b>
Zip <b>02840</b>		Zip <b>02842</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Crystal Sears</b>		Director Name <b>Gregory Johnson</b>	
Street Address <b>7 Beacom Terr</b>		Street Address <b>57 Gould St</b>	
City <b>Middletown</b>	State <b>RI</b>	City <b>Newport</b>	State <b>RI</b>
Zip <b>02842</b>		Zip <b>02840</b>	
Director Name <b>Barbara Winters</b>		Director Name	
Street Address <b>18 Callender Ave</b>		Street Address	
City <b>Newport</b>	State <b>RI</b>	City	State
Zip <b>02840</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>GREGORY JOHNSON</b>			Date <b>12/21/17</b>
Signature of Officer/Authorized Representative 			

SIGN DOCUMENT HERE

**FILED**

DEC 21 2017

BY C21222594