RI SOS Filing Number: 201860088760 Date: 3/8/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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- → 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	2 Exact name of the Corporation						
001073277	Fun In the sun Summer Camp						
3 State of Incorporation	5 Brief descr	5 Brief description of the character of business conducted in Rhode Island					
Ri '	Before And After School, Summer Free lunch program, Tutoring, Cheerleading,football,Food						
4 NAICS Code	voucher assistance, school tools.						
6 Principal Office Address			City	State	Zip		
252 Burnside Ave suite 3R			Woonsocket	RI	02895		
7 List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Patricia A.Smith			Vice-President Name Laniqua Scatliffe				
Street Address 252 Burnside Ave 3R			Street Address 30 Chalapa street 3r				
City Woonsocket	State RI	Z _{IP} 02895	City Woonsocket	State RI	^{Zip} 02895		
Secretary Name Shawntaia Hancock			Treasurer Name Patricia A.Smith				
Street Address 250 Burnside 2 left			Street Address 252 Burnside 3R				
City Woonsocket	S'ate RI	^{2-p} 02895	City Woonsocket	State RI	Zip 02895		
8 List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment							
Director Name Patricia A.Smith			Director Name Laniqua Scatliffe				
Street Address 252 Burnside 3R			Street Address 30 Chalapa Street 3R				
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	² 02895		
Director Name Shawntala Hancock			Director Name				
Street Address 250 Burnside 2 Left			Street Address				
City Woonsocket	State RI	^{Žip} 02895	City	State	Zip		
9. Registered Agent in Rhode Islan	rd. This informati	on is currently of reco	rd in the Department of State. Cha	nges require filing Form 6	41,		
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				Date			
Patricia A.Smith				03-06-2018			
Signature of Officer/Author zed Rep	presentat/e	• :		00:5			
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MAIL TO:

Division of Business Services 148 W. River Street. Providence. Rhode Island 02904-2615 Phone: (411) 222-3040

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