



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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 MAY -4 AM 11:02

1. Entity ID Number <b>001666560</b>		2. Exact name of the Corporation <b>GIRLS GOD IS REAL LIFE SALVATION</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide in house services to female war veterans</b>			
4. NAICS Code <b>611110 - Elementary and Se</b>					
6. Principal Office Address <b>33 Calder St</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02907</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>Julie C. Ferrarini</b>		Vice-President Name			
Street Address <b>33 Calder St</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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>Julie C. Ennis</b>		Director Name <b>Victor P. Ferrarini</b>			
Street Address <b>33 Calder St</b>		Street Address <b>5 Cyr Court</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>West warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>Stefanie DiMaio-Larvee</b>		Director Name			
Street Address <b>215 Bradwat</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	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.					
<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>Julie C. Ferrarini</b>					Date <b>2 MAY 2018</b>
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT **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

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