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CORPORATIONS DIV

2018 JUN 20 PM 3:52

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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

2018

→ 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 553820		2. Exact name of the Corporation The Cassandrew Corporation	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Help to feed, educate, and heal the people of the world; work to achieve world peace,	
4. NAICS Code 813990			
6. Principal Office Address 42 Magnolia St.		City Cranston	State R.I.
		Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael J. Michael Jr.		Vice-President Name Cassandra M. Michael	
Street Address 42 Magnolia St.		Street Address 42 Magnolia St.	
City Cranston	State R.I.	City Cranston	State R.I.
Zip 02910		Zip 02910	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 Michael J. Michael Jr.		Director Name Andrew J. Michael	
Street Address 42 Magnolia St.		Street Address 42 Magnolia St.	
City Cranston	State R.I.	City Cranston	State R.I.
Zip 02910		Zip 02910	
Director Name Cassandra M. Michael		Director Name	
Street Address 42 Magnolia St.		Street Address	
City Cranston	State R.I.	City	State
Zip 02910		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly authorized representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Michael J. Michael Jr.			Date JUN 20 2018
Signature of Officer/Authorized Representative Michael J. Michael Jr.			6/20/18
SIGN DOCUMENT HERE BY 333157			

MAIL TO:

Division of Business Services

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

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