



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 001672618

2. Name of Corporation Charles Annette Redeemed Empowerment (C.A.R.E.) Scholarship Foundation

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813211

4. Corporate Address in Rhode Island

No. and Street: 1776 BICENTENNIAL WAY APT. E 1

City or Town: NORTH PROVIDENCE

State: RI Zip: 02911 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

OUR MISSION IS TO INSPIRE EMPOWER AND SUPPORT POST SECONDARY HIGH SCHOOL STUDENTS WHO DEMONSTRATE DEDICATION TO LEADERSHIP AND DEDICATION TO COMMUNITY THAT WOULD ORFINARILY NOT QUALIFY FOR A SCHOLARSHIP DUE TO NOT HAVING ALL AS OR AS AND BS THE CARE SCHOLARSHIP FOUNDATION IS IN HONOR OF MY CARES CHARLES AND ANNETTE JACKSON WHO BOTH DIED FROM CANCER

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	MARY JACKSON	1776 BICENTENNIAL WAY, APR E1 NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	MARY JACKSON	1776 BICENTENNIAL WAY, APT E1 NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	LATOYA MOSELEY	35 RED CEDAR LANE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	DR RUDOLPH MOSELEY	35 RED CEDAR LANE NORTH PROVIDENCE, RI 02904 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARY JACKSON 1776 BICENTENNIAL WAY, APT. E1 NORTH PROVIDENCE , RI 02911

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 26 Day of June, 2018 at 1:06:47 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By MARY JACKSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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