

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2818 JUN 29 PM 2: 11

→ 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		
36438	Friends of RI	Casa, Inc.	
3 State of Incorporation	5. Brief description of the characte	r of business conducted in Rhode Isl	land () /
RI	To asmit the RICH	NA orducale, zer Chil Inspect rectational mail and rause Funds For the c	Idlen (CAiH) Thums
4. NAICS Code	Fan Avairing petulies 10	in plat rechainment than	nits, and reloution of
813219		no have fairs for the c	come
6. Principal Office Address	Thul remales	City	State Zip
6. Principal Office Address CORT GATA CARRA THE CONTROL 7 List ALL Officers (names and add	Drayence stroet Plaza	Providence	2I 02903
President Name Allhony 11, B	noci TE.	Vice-President Name Change C	alabie
Street Address 21 C H 1.H 6.F	Fice. Garrangstaleal	Street Address 84 CHNH OF	ting
hovience	State C.C. Zip 02903	City Philiduan	State Rdi Zip 02903
Secretary Name Muly Ma	itane.	Treasurer Name Anhams W	· · · · · · · · · · · · · · · · · · ·
treet Address ET CASA CAFICE Ganaly Tradical Street Address Pt CIA SIA CIFFICE			Office.
City Pre- will fusing	State 2 7 02 9:03	City Providence	State Zip OZPOJ
o. Elativide directors (mainles and addresses). Ri Corporations MUST list at least THREE directors.			
Director Name Rebert Porota		Check the box to indicate an attachment L. Director Name Jill Lift else	
Street Address I CAJA OFFICE		Street Address PICAJA OFFICE	
City)	Staten A Zip	City)	State = 175
Director Name	State Zip Ciq63	I vev.deriu	State RI Zip 2 903
Nahey Coh			
Street Address QI CHIA	<u> </u>	Street Address It CHS HOFfice	
City Przvidaca	State Zip 02507	City Proxiduce	State C Zip 02907
o operation of diatio. On anges require ining 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.			
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 Represe			Date
Halley 4). Due	rika -11 E	2:10 pm	6-29-18
Signaturé of Officer/Authorized Representative			
/ MA UN	M 111 2 9	2018	
MAIL TO:	//	2010	
Division of Business Services		7 2460	

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

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