



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year:

2018

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.

2018 SEP 14 PM 4:24

1. Entity ID Number 000866161		2. Exact name of the Corporation Rhode Island Families Against Restraint and Seclusion	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island (RI FARS) To Eliminate the Overuse and Unnecessary Use of Restraint. To Provide A Platform For Youth/Adults To have a voice	
4. NAICS Code 813311 813319			
6. Principal Office Address 24 Carliss St, Box 6241		City Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Erwin Jacobowitz		Vice-President Name Pearl H. Jacobowitz	
Street Address 24 Carliss St, Box 6241		Street Address 24 Carliss St, Box 6241	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Martina Jacobowitz		Treasurer Name Pearl H. Jacobowitz	
Street Address 24 Carliss St, 6241		Street Address 24 Carliss St, Box 6241	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
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 Erwin Jacobowitz		Director Name Pearl H. Jacobowitz	
Street Address 24 Carliss St, Box 6241		Street Address 24 Carliss St, Box 6241	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Director Name Martina Jacobowitz		Director Name Dakota Jacobowitz	
Street Address 24 Carliss St, Box 6241		Street Address 24 Carliss St	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
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 Erwin Jacobowitz / Pearl H. Jacobowitz			Date September 14, 2018
Signature of Officer/Authorized Representative 			

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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 BY 7CBM3 FORM 631 - Revised: 11/2017