



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

Annual Report for the year:

2019

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.

2019 MAY 20 PM 12:17

SECRETARY OF THE CORPORATION

1. Entity ID Number <u>795125</u>		2. Exact name of the Corporation <u>Your Peace of Mind Inc</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To provide Daycare and Recreation for Children and Seniors</u>	
4. NAICS Code <u>624410</u>			
6. Principal Office Address <u>57 Gould St</u>		City <u>Newport</u>	State <u>RI</u> Zip <u>02840</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Gregory Johnson</u>		Vice-President Name	
Street Address <u>57 Gould St</u>		Street Address	
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
Secretary Name <u>Cheryl Newsome</u>		Treasurer Name <u>Crystal Sears</u>	
Street Address <u>57 Gould St</u>		Street Address <u>1 Beacon Terr</u>	
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Middletown</u> State <u>RI</u> Zip <u>02840</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Crystal Sears</u>		Director Name <u>Gregory Johnson</u>	
Street Address <u>1 Beacon Terr</u>		Street Address <u>57 Gould St</u>	
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>
Director Name <u>Cheryl Newsome</u>		Director Name	
Street Address <u>57 Gould St</u>		Street Address	
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City
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.			
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 Representative <u>Gregory Johnson</u>			Date <u>5/20/19</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

FILED

MAY 20 2019

BY KL 8XU89
12:19