



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

Foreign Non-Profit  
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: 2019

1. Corporate ID No. 000798858

2. Name of Corporation Gifts To Give, Inc.

3. State of Incorporation

State: MA

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   
813219

4. Corporate Address in Rhode Island

No. and Street: 38 APRIL LANE  
City or Town: TIVERTON State: RI Zip: 02878 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

CHARITY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES P. STEVENS	1 TITLEIST DRIVE ACUSHNET, MA 02743 USA
TREASURER	MELISSA HOEFEL	1 TITLEIST DRIVE ACUSHNET, MA 02743 USA
DIRECTOR	ROGER GREENE	1 TITLEIST DRIVE ACUSHNET, MA 02743 USA
DIRECTOR	CHRISTOPHER STEVENS	1 TITLEIST DRIVE ACUSHNET, MA 02743 USA
DIRECTOR	JAMES STEVENS	1 TITLEIST DRIVE ACUSHNET, MA 02743 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**

SUSAN MIGUEL 38 APRIL LANE TIVERTON , RI 02878

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

**Signed this 21 Day of May, 2019 at 12:44:30 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 SUSAN J MIGUEL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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