State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State			
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: 2019			
1. Corporate ID No. 000332489			
2. Name of Corporation <u>CABINS</u>			
3. State of Incorporation			
State: <u>RI</u>			
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 <u>click here.</u>			
NAICS Code 6			
813319			
4. Corporate Address in Rhode Island			
No. and Street: 4 APPLEWOOD LANE			
City or Town: LINCOLN State: RI Zip: 02865 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			
EMDOWEDING OTUDENTS, DADENTS, EACULTY AND SUPPORT STAFF TO ADDRESS			
EMPOWERING STUDENTS, PARENTS, FACULTY AND SUPPORT STAFF TO ADDRESS AND ELIMINATE BULLYING ISSUES AND INCIDENTS IN AND AROUND OUR SCHOOLS			
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Incorporator is no longer applicable; please delete			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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	DEBORAH M MICHALENKA	4 APPLEWOOD LANE
		LINCOLN, RI 02865 USA
SECRETARY	BETH A PELTIER	17 WOOD COVE DRIVE COVENTRY, RI 02816 USA
VICE PRESIDENT	PAUL BALSAMO	103 DEAN RIDGE COURT CRANSTON, RI 02920 USA
DIRECTOR	DEBORAH M MICHALENKA	4 APPLEWOOD LANE LINCOLN, RI 02865 USA
DIRECTOR	BETH A PELTIER	17 WOOD COVE DRIVE COVENTRY, RI 02816 USA
DIRECTOR	PAUL BALSAMO	103 DEAN RIDGE COURT CRANSTON, RI 02920 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

DEBORAH M MICHALENKA 4 APPLEWOOD LANE LINCOLN, RI 02865

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

Signed this 6 Day of June, 2019 at 7:22:40 AM 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 <u>DEBORAH M. MICHALENKA</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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