



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

FILED

JUN 24 2019

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.

RV

207

1. Entity ID Number 000941809		2. Exact name of the Corporation Smiling ANGELS Society			
3. State of Incorporation RV		5. Brief description of the character of business conducted in Rhode Island TO SPREAD HAPPINESS ON SOCIETY THROUGH ACTS OF KINDNESS IN HOPES TO INSPIRE OTHERS TO PAY IT FORWARD THROUGHOUT NEW ENGLAND REGION			
4. NAICS Code 813990					
6. Principal Office Address 6 BELFIELD DR JOHNSTON (ADMIN)		City JOHNSTON	State RV	Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name CEO SANDRA ANN BOISVERT			Vice-President Name SHERRI ANN BOISVERT		
Chief Ex Op Officer SANDRA ANN BOISVERT			Street Address 6 BELFIELD DRIVE		
Street Address 6 BELFIELD DRIVE			Street Address 6 BELFIELD DRIVE		
City JOHNSTON		State RV	Zip 02919	City JOHNSTON	
State RV		Zip 02919	State RV		Zip 02919
Secretary Name KATHLEEN BOYD			Treasurer Name CYNTHIA TALIERCIO		
Street Address 27 HIGH STREET			Street Address 14 BOURNE AVE		
City WARWICK		State RV	Zip 02886	City NO PROV	
State RV		Zip 02886	State RV		Zip 02911
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 PRESIDENT CARLA MESITI			Director Name COMM AMANDA HALL		
Street Address 6 BELFIELD DRIVE			Street Address 24 HANS STREET		
City JOHNSTON		State RV	Zip 02919	City CRANSTON	
State RV		Zip 02919	State RV		Zip 02910
Director Name JUNIOR KAREIGH HALL			Director Name MEMBERSHIP MARILYN BERUBE		
Street Address 24 HANS STREET			Street Address 31 BOXWOOD DRIVE		
City CRANSTON		State RV	Zip 02910	City CRANSTON	
State RV		Zip 02910	State RV		Zip 02910
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 Sandra Boisvert Chief Exec Op Officer					Date 6/21/2019
Signature of Officer/Authorized Representative <i>Sandra Boisvert</i>					SIGN DOCUMENT HERE

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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RY

1. Entity ID Number 000941809		2. Exact name of the Corporation Smiling Angels Society			
3. State of Incorporation RY		5. Brief description of the character of business conducted in Rhode Island To spread happiness on society through acts of kindness in hopes to inspire others to pay it forward throughout New England Region			
4. NAICS Code 813990					
6. Principal Office Address 6 Belfield Drive Johnston (Rdmm)		City Johnston	State RY	Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fundraiser/Activity LISA MESITI			Vice-President Name		
Street Address 5 Ivy Trail Drive			Street Address		
City Johnston	State RY	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Chief Exec Op officer				Date 6/21/2019	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

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