



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: **2019**

2019 JUN 26 AM 9:50

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

1 Entity ID Number 150554		2. Exact name of the Corporation LFF Enhancement Fund- Lifestyle Enhancement			
3. State of Incorporation RI		5 Brief description of the character of business conducted in Rhode Island Focus on the prevention & control of Chronic Diseases (medical, mental health and Sensory issues. Wholesales / retail of welbeing Natural and organic products / goods. Workshop and training on self-management skills, Holistic Wellness Coach certification <i>Wellness Cafe</i>			
4 NAICS Code 813920 - Professional Org <input checked="" type="checkbox"/>					
6. Principal Office Address 1200 Hartford Ave			City Johnston	State RI	Zip 02919
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eileen Vieira			Vice-President Name David Bank		
Street Address 127 peck Hill Rd			Street Address 31, Commercial Rd		
City North Scituate	State RI	Zip 02857	City Cranston	State RI	Zip 02905
Secretary Name Jac mott			Treasurer Name Eileen Vieira		
Street Address 16, bervilly circle			Street Address 127 Peck Hill Rd		
City Greenvill	State RI	Zip 0898	City North Scituate	State RI	Zip 02857
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 Eileen Vieira			Director Name Sandra Baron		
Street Address 127 Peck Hill Rd			Street Address 33 Fisher Dr		
City N. Scituate	State RI	Zip 02857	City N. Kingston	State RI	Zip 02852
Director Name Eileen Vieira			Director Name		
Street Address 127 Peck Hill Rd			Street Address		
City N.Scituate	State RI	Zip 02857	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.					
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 Eileen Vieira				Date 6/26/2019	
Signature of Officer/Authorized Representative <i>Eileen Vieira</i>				SIGN DOCUMENT HERE JUN 26 2019 <i>IS hm2searg</i>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019