



**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

**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:** 2020

**1. Corporate ID No.** 001692670

**2. Name of Corporation** We Heart Lives

**3. State of Incorporation**

State: RI

**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

**4. Corporate Address in Rhode Island**

No. and Street: 1 NEW ENGLAND WAY

City or Town: SMITHFIELD

State: RI

Zip: 02917

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**

THE PURPOSE OF THIS CORPORATION IS TO BRING AWARENESS REGARDING PRO-LIFE AND FAMILY ISSUES. THE CORPORATION WILL ALSO PROVIDE BENEVOLENT RESOURCES FOR PEOPLE IN NEED.

**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**Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOEDAN C. BOYCE	1 SMITH STREET NORTH SMITHFIELD, RI 02896 USA
TREASURER	CYNTHIA L ALBANESE	72 GINGER TRAIL COVENTRY, RI 02816 USA
DIRECTOR	JORDAN C. BOYCE	1 SMITH STREET N. SMITHFIELD, RI 02896 USA
DIRECTOR	SAMANTHA L. BOYCE	1 SMITH STREET N. SMITHFIELD, RI 02896 USA
DIRECTOR	MABEL W. DESMARAIS	5 BLUNDERS WAY N. SMITHFIELD, RI 02896 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**

CYNTHIA L. ALBANESE 1 NEW ENGLAND WAY SMITHFIELD , RI 02917

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

**Signed this 7 Day of May, 2020 at 9:52:22 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 CYNTHIA ALBANESE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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