RI SOS Filing Number: 202040935290 Date: 5/27/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:
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.

FILED MAY 2 7 2020	STAMP	
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Entity ID Number	2. Exact name of t	2. Exact name of the Corporation					
001658461	FOR PETE'S SAKE And Rosies Two						
State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RI	To provide recreational opportunities for						
4. NAICS Code	childre	n and	lor adults b	sith a	variety		
813319	3319 of disabiling conditions 4 illnesses						
6. Principal Office Address			City	State	Zip		
118 Laurel Ric	el Ridge Ave		rascoag	RI	02859		
	ist ALL officers (names and addresses)			Check the box to indic	ate an attachment		
President Name Sancira Cart	Sandra Carter-Latortune		Vice-President Name  Marcaret Desiarlais				
Street Address 118 Laurel Ri	Pidae Ave		Street Address O Laurel Ridge Ave				
Cin Pascona	State	52 <u>859</u>	CILY PASCONS	State	Zip 02859		
Secretary Name  Incress Po	nte.		Treasurer Name	Bianc	T)		
Street Address Reuno	Ids Rosa	Q	Street Address 7 Sarat	roga Dry	ve.		
city Chesachet	State	52814	City	State	Zip C/569		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.							
Director Name			Director Name	Check the box to indic	ate an attachment L		
Street Address	er		John Ego	3n			
150 Old wal		= 120	Street Address	ore. Dr			
city Pascono	State	°02859	Glendale	State ZI	2826		
Poland Lat	rd Lafortone Director Name Teanne Egan				-		
Street Address 120 rol 1	Ridge Ave Street Address 11 North Share Dr						
city Pascoaa	State	52859	"Glendale	State	Zip 02826		
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 Trustoe.							
Name of Officer/Authorized Representative			Date				
Signature of Officer/Authorized Representative		5/23/2020					
Darran Caton - La Ostura							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov