



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 147764		2. Exact name of the Corporation Action for Talent Search INC	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Talent Training, Domestic mgt. To Advocate Programs, Elderly, Youth, Education	
5. Principal office address 16 Miller Ave		City Providence	State RI
		Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒			
President Name Neelie S. Francis		Vice-President Name Krystal W. Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Secretary Name Winston Savice		Treasurer Name Jazmine Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT ☒			
Director Name Neelie S. Francis		Director Name Krystal W. Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Winston Savice		Director Name	
Street Address 16 Miller Avenue		Street Address	
City Providence	State RI	City	State
Zip 02905		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

FILED

JUN 17 2020

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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.

Signature of Officer or Authorized Representative

Date

Neelie S. Francis - President
Print or Type Name of Officer or Authorized Representative

6/12/2020