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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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 001669515		2. Exact name of the Corporation Build the Banner of Love, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To create awareness of the growing epidemic of accidental drug overdoses by building a banner of faces and to provide support to families who have lost loved ones to addiction.			
4. NAICS Code 624190 - Other Individual and <input type="checkbox"/>					
6. Principal Office Address 109 Westfield Dr		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	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 Joyce LaTorre		Director Name Michael Caparrelli			
Street Address 109 Westfield Dr		Street Address 75 Division St			
City Cranston	State RI	Zip 02920	City East Greenwich	State RI	Zip 02818
Director Name Paul LaTorre		Director Name			
Street Address 109 Westfield Dr		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Joyce LaTorre				Date 11-27-2020	
Signature of Officer/Authorized Representative 				FILED m DEC 01 2020 BY <u>CA SCFSR</u> 4:22	