



**State of Rhode Island  
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:** 2021

**1. Corporate ID No.** 001658953

**2. Name of Corporation** Mercy's Path

**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. Principal Office Address**

No. and Street: 29 MONTANA AVENUE

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE SPECIFIC PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS TO OFFER CHRISTIAN/BIBLICAL BASED COUNSELING/MENTORING AND ECO-THERAPY IN VARIOUS OUTDOOR ENVIRONMENTS TO LOW-INCOME FAMILIES. THIS MINISTRY'S MAIN FOCUS WILL BE TO HELP CREATE AND SUPPORT POSITIVE PHYSICAL, SPIRITUAL, AND EMOTIONAL WELL-BEING WITH CLIENTS. TO OPERATE EXCLUSIVELY FOR CHARITABLE AND RELIGIOUS PURPOSES WITHIN THE MEANING OF SECTION 501C3 OF IRS CODE

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT      | VICTOR E. AMARAL, M.A.                                | 29 MONTANA AVENUE<br>WARWICK, RI 02888 USA                        |
| TREASURER      | TINA A. HAGMAN                                        | 98 PLEASANT STREET<br>REHOBOTH, MA 02769 USA                      |
| SECRETARY      | STEPHANIE C. AMARAL                                   | 29 MONTANA AVENUE<br>WARWICK, RI 02888 USA                        |
| VICE PRESIDENT | TIMOTHY M. BOWEN                                      | 113 WATER STREET<br>WARREN, RI 02885 USA                          |
| DIRECTOR       | VICTOR E AMARAL                                       | 29 MONTANA AVE<br>WARWICK, RI 02888 USA                           |
| DIRECTOR       | TINA A HAGMAN                                         | 98 PLEASANT ST<br>REHOBOTH, MA 02769 USA                          |
| DIRECTOR       | STEPHANIE C AMARAL                                    | 29 MONTANA AVE<br>WARWICK, RI 02888 USA                           |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

VICTOR E. AMARAL 29 MONTANA AVE. WARWICK , RI 02888

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

**Signed this 17 Day of June, 2021 at 11:34:31 PM 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 VICTOR AMARAL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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