



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 JUN 22 P 12:02

1. Entity ID Number <b>0011694230</b>		2. Exact name of the Corporation <b>Runway For Mom Foundation</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To work with mothers to empower them to better the quality of life focused on their self-esteem.</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>22 Miller Circle</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
7. List ALL officers (names and addresses): <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Marisol Camilo</b>		Vice President Name <b>N/A</b>	
Street Address <b>22 Miller Circle</b>		Street Address	
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
Secretary Name <b>N/A</b>		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Marisol Camilo</b>		Director Name <b>David Camilo</b>	
Street Address <b>22 Miller Circle</b>		Street Address <b>22 Miller Circle</b>	
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>
			State <b>RI</b>
			Zip <b>02919</b>
Director Name <b>Yuri Liriano</b>		Director Name	
Street Address <b>22 Miller Circle</b>		Street Address	
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>Marisol Camilo</b>			Date <b>6/19/2021</b>
Signature of Officer/Authorized Representative <i>Marisol Camilo</i>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 272-3040  
Website: www.sos.ri.gov

**FILED**  
JUN 22 2021  
BY KIEFY  
12:05  
FORM 631 - Revised: 08/2020