RI SOS Filing Number: 202198788360 Date: 6/29/2021 1:04:00 PM

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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BUS SVCS DIV
2021 JUN 29 P 1:00

1. Entity ID Number	2. Exact name of the Corporation
1662051	**Comic Books Care**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Gathered and donated comic books and other reading material in order to be give to those in a rough place.
4. NAICS Code: 624190 - Other Individual and Fa	

6 Principal Office Address	City	State	Zip
11 South Angell ST #402	Providence	RI	02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Morgan Kittleson			Vice-President Name		
Street Address: 11 South Angell ST #402			Street Address		
City: Provicence	State: RI	Zip: 02906	City	State	Zip
Secretary Name: Panda Valentine			Treasurer Name: Michelle Giles		
Street Address: 11 South Angell ST #402			Street Address: 11 South Angell ST #402		
City: Provicence	State: RI	Zip: 02906	City: Provicence	State: RI	Zip: 02906

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Morgan Kittleson			Director Name: Michelle Giles		
Street Address: 11 South Angell ST #402			Street Address: 11 South Angell ST #402		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02908
Director Name: Panda Valentine			Director Name		
Street Address: 11 South Angell ST #402			Street Address		
City: Providence	State: RI	Zip: 02906	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.

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

Name of Officer/Authorized Representative	Date
Morgan Kittleson	6/28/2021

Signature of Officer/Authorized Representative
Morgan Kittleson

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www sos.ri.gov

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BY CHORYIA
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FORM 631 - Revised: 08/2020