



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.

FILED

JUL 14 2021

BY *499*

1. Entity ID Number 127003	2. Exact name of the Corporation Acts of Kindness, Inc.		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Provide food, clothing, Children's toys, & medical supplies for the needy & homeless. Bring gifts to sick & elderly, assist in offsetting medical expenses for needy & disabled.		
4. NAICS Code 624190 - Other Individual and <input type="checkbox"/>			
6. Principal Office Address 243 Knight Street	City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael G Marra		Vice-President Name Doreen Bullock	
Street Address 243 Knight Street		Street Address 21B Eagle Run	
City Providence	State RI	Zip 02909	City East Greenwich
			State RI
			Zip 02818
Secretary Name Debra L Lamoureux		Treasurer Name Doreen Bullock	
Street Address 64 Lindy Avenue		Street Address 21B Eagle Run	
City Warwick	State RI	Zip 02889	City East Greenwich
			State RI
			Zip 02818
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 Michael G Marra		Director Name Doreen Bullock	
Street Address 243 Knight Street		Street Address 21B Eagle Run	
City Providence	State RI	Zip 02909	City East Greenwich
			State RI
			Zip 02818
Director Name Debra L Lamoureux		Director Name	
Street Address 64 Lindy Avenue		Street Address	
City Warwick	State RI	Zip 02889	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.			
<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 Debra L Lamoureux			Date 06/29/2021
Signature of Officer/Authorized Representative <i>Debra L. Lamoureux</i>			

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