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 JUL 22 P 1:25

1 Entity ID Number	2. Exact name of the Corporation
000150554	LFF Enhancement Fund
3. State of Incorporation: RI	5 Brief description of the character of business conducted in Rhode Island: Services- Rural ri communitiesand inner city shelters.Direct assistance, heip to eleviate lonlineness and NCD through workshop/training.Focus on prevention and control of Chronic dieases- areas of Public Health Outreach. Support and enhancing DD individuals and families.
4 NAICS Code: 624190 - Other Individual and	

6 Principal Office Address	City	State	Zip
1200 Hartford Ave	Johnston	RI	02919

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

President Name: Eileen Vieira	Vice-President Name: David Bank
Street Address: 127 peck hill rd	Street Address: 33 Commercial Drive
City: N Scituate, State: RI, Zip: 02857	City: Cranston, State: RI, Zip: 02888
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

Director Name: David Bank	Director Name: Sandra Ron
Street Address: 33 Commercial Drive	Street Address: 30 Fisher Drive
City: Cranston, State: RI, Zip: 02888	City: N. Kingstin, State: RI, Zip: 02920
Director Name: Eileen Vieira	Director Name:
Street Address: 127 peck hill Rd	Street Address:
City: N.Scitute, State: RI, Zip: 02857	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
Eileen Vieira	7/28/2021

Signature of Officer/Authorized Representative: Eileen Vieira 7/28/2021

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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 CM B4 JCF
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FORM 631 - Revised: 08/2020