



**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: February 1 - May 1

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: 2023

1. Corporate ID No. 000419781

2. Name of Corporation MAE ORGANIZATION, INC.

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
813311

4. Principal Office Address

No. and Street: 1221 RESERVOIR AVE
City or Town: CRANSTON State: RI Zip: 02920 Country: USA

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

WORK WITH THE HOMELESS AND HELP THEM TRANSITION THROUGH WORKSHOPS,AND OTHER RELATED PROGRAMS

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.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
SECRETARY	DEBBIE SWANHOLM	707 MIDDLEBRIDGE SOUTH KINGSTOWN, RI 02879 US
PRESIDENT	ISA PRICE MRS	75 HATHEWAY DR WEST WARWICK, RI 02893 USA
DIRECTOR	PAT CRUZ MS	83 BATCHLLER AVE CRANSTON, RI 02920 USA
MRS	LILIANA TEIXEIRA	1154 NARRAGANSETT PKWY WARWICK , RI 02888 US
DIRECTOR	MARIE BOUTIN MRS.	40 HOWE ST CUMBERLAND, RI 02864 USA
DIRECTOR	DEIDRA TART	119 COLDBROOK DR CRANSTON, RI 02920 US

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

MARTINHA I. JAVID 1221 RESERVOIR AVE CRANSTON , RI 02920

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

Signed this 19 Day of January, 2023 at 6:39:54 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 LILIANA TEIXEIRA
Signature of Authorized Person

Form No. 631
Revised 09/07

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