



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

FEB 10 2023

00257

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30

1. Entity ID Number 1676711		2. Exact name of the Corporation Angels in Action RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Help Families In Need.			
4. NAICS Code 813311 - Human Rights <input type="checkbox"/>					
6. Principal Office Address 1542 Main Street Ste 6		City West Warwick	State RI	Zip 02893	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Debra J Roffo		Vice-President Name			
Street Address 25 Hollow Circle		Street Address			
City West Warwick	State RI	Zip 02893	City	State	Zip
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 <input type="checkbox"/>					
Director Name Debra J Roffo		Director Name Erica L Callahan			
Street Address 25 Hollow Circle		Street Address 330 Henry Brown Rd			
City West Warwick	State RI	Zip 02893	City West Greenwich	State RI	Zip 02817
Director Name Shannon M Oliver		Director Name			
Street Address 169 Boston St		Street Address			
City Coventry	State RI	Zip 02916	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 J. Roffo				Date 1/31/23	
Signature of Officer/Authorized Representative <i>Debra Roffo</i>					