|   | State of Rh  |   | Fee: \$20.00        |
|---|--|---|---------------------|
|   |  | cretary of State  |                     |
|   | Division Of Bu   |   |                     |
|   |  | iver Street   |                     |
| 1636  | Providence R<br>(401) 22                                 |   |                     |
|   | (401) 22   | 22-3040   |                     |
| Foreign Non-Profit<br>Annual Report<br>Filing Period: February 1 - N                    | lay 1  |   |                     |
| In accordance with R.I.G.L.<br>annual report within the time<br>penalty fee of \$25.00. |  |   |                     |
| ANNUAL REPORT YEAR: 2   | 023  |   |                     |
| 1. Corporate ID No. 00  | )122910  |   |                     |
| 2. Name of Corporation <u>A</u>   | Child Is Missing, Inc.                                   |   |                     |
| 3. State of Incorporation   |  |   |                     |
| State: <u>FL</u>  |  |   |                     |
|   | ARTICL   | EIII  |                     |
| primary type of activity in w   | hich your entity engages.<br>sed on the chosen selection | ect the classification title tha<br>The box to the right of the<br>on. If the NAICS Code is kn<br>a classification <u>click here.</u> | dropdown will       |
| NAICS Code  |  |   |                     |
| <u>624230</u>   |  |   |                     |
| 4. Principal Office Addres  | 5  |   |                     |
| No. and Street: POF   | OX 460669  |   |                     |
| <u>1.0.1</u>  |  | State: <u>FL</u> Zip: <u>33346</u>  | Country: <u>USA</u> |
| 5. Brief Description of the   |  |   |                     |
|   |  |   |                     |
|   |  | RCH/RECOVERY EFFO   |                     |
|   |  | LED DURING THE CRUC<br>RAPID RESPONSE NEI   |                     |
| CALLING PROGRAM   | THICE OTHEIZING ITS                                      | <u>, kun in kesi onse nei</u>   |                     |
|   |  |   |                     |
| 6. Names and Addresses of   | of the Officers and Direct                               | tors:   |                     |
| All officers and directors  | must be listed.  |   |                     |

I.

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | WILLIAM RUBIO                                  | 210 NW 19 COURT<br>MIAMI, FL 33182 USA                     |
| TREASURER | ELIZABETH JUSTEN                               | P.O. BOX 460669<br>FORT LAUDERDALE, FL 33346 USA           |
| SECRETARY | ELIZABETH JUSTEN                               | P.O. BOX 460669<br>FORT LAUDERDALE, FL 33346 USA           |
| DIRECTOR  | WILLIAM RUBIO                                  | 210 NW 19 CT<br>MIAMI, FL 33182 USA                        |
| DIRECTOR  | DAVID WATKINS                                  | 1400 NW 14 CT<br>FORT LAUDERDALE, FL 33311 USA             |

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

CHIEF PATRICK FLANAGAN 8166 POST ROAD NORTH KINGSTOWN , RI 02852

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 March, 2023 at 9:18:48 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 <u>WILLIAM RUBIO</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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