



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|--|-----------------|---|---|---------------------|---------------------|
| 1. Entity ID Number 722173 | | 2. Exact name of the Corporation Cool Sisters Closet | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To organize neighborhood drives for the collection of clothing, personal care items and household items. | | | |
| 4. NAICS Code 813319 Other Social Advocacy C | | | | | |
| 6. Principal Office Address 1130 Ten Road Road, Suite E-207 | | | City North Kingstown | State RI | Zip 02852 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Lynn F. Moran | | | Vice-President Name | | |
| Street Address 1130 Ten Road Road, Suite E-207 | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | City | State | Zip |
| Secretary Name Katie C. O'Neil | | | Treasurer Name Margaret Langhammer | | |
| Street Address 1130 Ten Road Road, Suite E-207 | | | Street Address 14 Bean Farm Road | | |
| City North Kingstown | State RI | Zip 02852 | City Kingston | State RI | Zip 02881 |
| 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 Lynn F. Moran | | | Director Name Alexandra L. Moran | | |
| Street Address 1130 Ten Road Road, Suite E-207 | | | Street Address 1130 Ten Road Road, Suite E-207 | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Director Name Katie C. O'Neil | | | Director Name | | |
| Street Address 1130 Ten Road Road, Suite E-207 | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | 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 Lynn F. Moran | | | | Date 3/20/23 | |
| Signature of Officer/Authorized Representative | | | | FILED | |

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