RI SOS Filing Number: 202331772560 Date: 3/27/2023 4:00:00 PM



State of Rhode Island

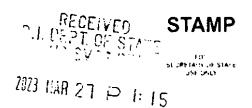
Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2023

-> Filing period: February 1 - May 1

→ Filing Fee. \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Corporation				
722173	Cool Sisters Closet				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	To organize neighborhood drives for the collection of clothing, personal care				
4. NAICS Code	items and household items.				
813319 Other Social Advocacy C					
Principal Office Address			City	State	Zip
1130 Ten Road Road, Suite E-207			North Kingstown	RI	02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Lynn F. Moran			Vice-President Name		
Street Acdress 1130 Ten Road Road, Suite E-207			Street Address		
^{City} North Kingstown	State RI	^{Zip} 02852	City	State	Zip
ecretary 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	^{Žip} 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					
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	Zıp
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					
Lynn F Moran 3/80/83					グ ク
Signature of Officer/Authorized Representative FILED					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov MAR 27 2023

FORM 631 - Revised: 11/2021