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					
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 \$25.0.0 ANNUAL REPORT YEAR: 2023 1. Corporate ID No. 000115441 2. Name of Corporation The Rhode Island Breastfeeding Coalition 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 beased on the chosen selection. NAICS Code below, select the classification click here. NAICS Code 813990 4. Principal Office Address No. and Street: <u>955 MANTON AVENUE</u> City or Town: <u>PROVIDENCE</u> State: RI Zip: 02909 Country: USA 5. Brief Description of the Character of the Affairs Conducted in Rhode Island Torown: <u>PROVIDENCE</u> State: RI Zip: 02909 Country: USA 5. Brief Description of the Character of the Affairs Conducted in Rh				Fee: \$20.00	
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Island Corporation shall not be less than 3.	6. Names and Addresses of the Officers and Directors:				
Title Individual Name Address					
	Title	Individual Name	Adc	Iress	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	KELLI TANGUAY	157 FORBES ST EAST PROVIDENCE, RI 02915 USA
SECRETARY	SALINA TING	83U NIVERSITY AVE 3RD FL PROVIDENCE, RI 02906 USA
PRESIDENT/CHAIR	SHAYLENE COSTA	955 MANTON AVE. PROVIDENCE, RI 02909 USA
DIRECTOR	QUATIA OSORIO	60 CHATHAM ST PROVIDENCE, RI 02904 USA
DIRECTOR	KATHERINE ALMEIDA SPENCER	6 VERMONT AVE BARRINGTON, RI 02806 USA
DIRECTOR	SHAYLENE COSTA	955 MANTON AVE PROVIDENCE, RI 02909 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

SHAYLENE COSTA 955 MANTON AVENUE PROVIDENCE , RI 02909

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

Signed this 17 Day of April, 2023 at 11:03:04 AM 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>KELLI K TANGUAY</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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