



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

APR 26 2023
 BY 506

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 127003		2. Exact name of the Corporation Acts of Kindness, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide food, clothing, children's toys, & medical supplies for the needy & homeless. Bring gifts to sick & elderly, assist in offsetting medical expenses for needy & disabled.			
4. NAICS Code 624190					
6. Principal Office Address 243 Knight Street			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael G Marra			Vice-President Name Casey Melucci		
Street Address 243 Knight Street			Street Address 612 Greenwich Avenue		
City Providence	State RI	Zip 02909	City Warwick	State RI	Zip 02886
Secretary Name Debra L Lamoureux			Treasurer Name Debra L Lamoureux		
Street Address 64 Lindy Avenue			Street Address 64 Lindy Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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 Michael G Marra			Director Name Casey Melucci		
Street Address 243 Knight Street			Street Address 612 Greenwich Avenue		
City Providence	State RI	Zip 02909	City Warwick	State RI	Zip 02886
Director Name Debra L Lamoureux			Director Name		
Street Address 64 Lindy Avenue			Street Address		
City Warwick	State RI	Zip 02889	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Debra L Lamoureux				Date 04-23-2023	
Signature of Officer/Authorized Representative <i>Debra L. Lamoureux</i>					

MAIL TO:
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 Website: www.sos.ri.gov