

**State of Rhode Island
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Foreign Non-Profit
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 \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR **2023:** 2023**1. Corporate ID No.** 000134831**2. Name of Corporation** Angels Among Us Foundation**3. State of Incorporation**State: DE**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 based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624190**4. Principal Office Address**No. and Street: 44 BEDSON ROADCity or Town: CRANSTONState: RIZip: 02910Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO HELP DISADVANTAGED CHILDREN, THE TERMINALLY ILL AND THE HOMELESS**6. Names and Addresses of the Officers and Directors:****All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	ELVIRA FAMIGLIETTI	44 BEDSON ROAD CRANSTON, RI 02910 USA
TREASURER	JANICE H GREEN	44 BEDSON ROAD CRANSTON, RI 02910 USA
VICE PRESIDENT	MICHAEL SHAPIRO	44 BEDSON ROAD CRANSTON, RI 02910 USA
DIRECTOR	JANICE GREEN	44 BEDSON ROAD CRANSTON, RI 02910 USA
DIRECTOR	ANNMARIE MAIELLO	44 BEDSON ROAD CRANSTON, RI 02910 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

LESLEY RICH, ESQ. 44 BEDSON ROAD CRANSTON , RI 02910

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

Signed this 9 Day of May, 2023 at 1:47:56 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 /LESLEY S RICH/
Signature of Authorized Person

Form No. 631
Revised 09/07

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