



**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

**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 \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR **2023: 2023**

1. Corporate ID No. 001730006

2. Name of Corporation Haven Box

3. State of Incorporation

State: RI

NAICS CODE

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

813319

4. Principal Office Address

No. and Street: PO BOX 133

City or Town: SLATERSVILLE State: RI Zip: 02876 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE MISSION OF HAVEN BOX IS TO PROVIDE COMFORT BOXES TO SURVIVORS OF SEXUAL VIOLENCE. HAVEN BOX ITEMS ARE CAREFULLY AND COMPASSIONATELY CHOSEN TO SUPPORT THE INHERENT DIGNITY, SELF-CARE, AND RECOVERY OF A PERSON AFTER EXPERIENCING SEXUAL VIOLENCE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRANDIE LEACH	PO BOX 131 SLATERSVILLE, RI 02876 USA
DIRECTOR	AMANDA RONCHI	8 STANHOPE ST. PROVIDENCE, RI 02904 USA
DIRECTOR	WILLA GEOGHEGAN	24 COLLEGE RD. PROVIDENCE, RI 02908 USA
DIRECTOR	HANN WOODHOUSE	124 WARREN AVE. EAST PROVIDENCE, RI 02914 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

BRANDIE LEACH 31 MAIN STREET, UNIT LEFT, NORTH SMITHFIELD, RI 02896 P.O. BOX 133
SLATERSVILLE , RI 02876

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

Signed this 29 Day of May, 2023 at 11:28:06 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 BRANDIE LEACH
Signature of Authorized Person

Form No. 631
Revised 09/07

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