



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

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

REC'D RHODES ESD
23 OCT 30 PM 2:47:43

1. Entity ID Number 000130269		2. Exact name of the Corporation CHANGING LIVES THROUGH LITERATURE OF RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island LITERARY SERVICES PROVIDED TO REDUCE RECIDIVISM			
4 NAICS Code 813990					
6. Principal Office Address 76 TUMALUM CIRCLE			City WESTERLY	State RI	Zip 02891
7. List ALL officers (names and addresses). Check the box to indicate an attachment					
President Name PATTY A FAIRWEATHER			Vice-President Name		
Street Address 76 TUMALUM CIRCLE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name DAVID CARPENTIER			Treasurer Name		
Street Address 76 TUMALUM CIRCLE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name DENEIA FAIRWEATHER			Director Name VERONICA FAIRWEATHER		
Street Address 76 TUMALUM CIRCLE			Street Address 124 B AMHERST ST		
City WESTERLY	State RI	Zip 02891	City EAST ORANGE	State NJ	Zip 07018
Director Name ALEXSIS FAIRWEATHER			Director Name SHEILA FAIRWEATHER		
Street Address 105 RITA AVENUE			Street Address 18 6TH AVE APT 715		
City LEHIGH ACRES	State FL	Zip 33971	City BROOKLYN	State NY	Zip 11217
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 PATTY A FAIRWEATHER					Date 10/26/23
Signature of Officer/Authorized Representative <i>Patty A. Fairweather</i> FILED 29					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 30 2023
BY S6Aer