



**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 YEAR 2024: 2024**

**1. Corporate ID No.** 001350290

**2. Name of Corporation** Faith Services

**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  
624110

**4. Principal Office Address**

No. and Street: 175 OAKLAWN AVENUE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

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

TO PROVIDE FAITH SERVICES TO FAMILIES WITH YOUNG CHILDREN IN A TRULY  
DISTINCT CHRISTIAN ATMOSPHERE.

**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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	CLAIRE MOTTA	250 BARNES ROAD HARRISVILLE, RI 02830 USA
TREASURER	PATRICIA SANTILLI	9 NINA COURT CRANSTON, RI 02921 USA
SECRETARY	STACY CALVINO	28 HOLLY HILL LANE CRANSTON, RI 02921 USA
DIRECTOR	STACY CALVINO	28 HOLLY HILL LANE CRANSTON, RI 02921 USA
DIRECTOR	CLAIRE MOTTA	250 BARNES RD HARRISVILLE, RI 02830 USA
DIRECTOR	PATRICIA SANTILLI	9 NINA COURT CRANSTON, RI 02921 USA
DIRECTOR	MEGIN DETOMASIS	30 SEVERN CT EAST GREENWICH, RI 02818 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**

CLAIRE MOTTA 175 OAKLAWN AVE. CRANSTON , RI 02920

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

**Signed this 6 Day of February, 2024 at 12:12:17 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 CLAIRE Y MOTTA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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