



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

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1. Entity ID Number 000074701		2. Exact name of the Corporation Make a Difference Foundation, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Charitable contributions and assistance to benefit families in need of food, clothing, etc., during Christmas and Thanksgiving.			
4. NAICS Code 813211					
6. Principal Office Address 168 Eaton Street			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert T. McCann			Vice-President Name Shannon Kay Russell		
Street Address 168 Eaton Street			Street Address 168 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Lee Alan Duckworth			Treasurer Name Shannon Kay Russell		
Street Address 168 Eaton Street			Street Address 168 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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 Robert T. McCann			Director Name Shannon Kay Russell		
Street Address 168 Eaton Street			Street Address 168 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Lee Alan Duckworth			Director Name		
Street Address 168 Eaton Street			Street Address		
City Providence	State RI	Zip 02908	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Shannon Kay Russell					Date 1/30/2024
Signature of Officer/Authorized Representative 					FILED

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

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