State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation
000074701	**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	City	State	Zip
168 Eaton Street	**Providence**	**RI**	**02908**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Robert T. McCann			**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 ☐

Director Name			Director Name		
Robert T. McCann			**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.

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	Date
Shannon Kay Russell	1/30/2024
Signature of Officer/Authorized Representative	

MR 1147

FILED
FEB - 6 2024
BY 7029

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

FORM 631 - Revised: 04/2023