



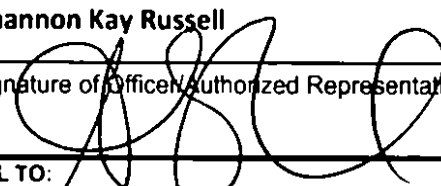
State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
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STAMP

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 ☐					
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 ☐					
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 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