	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Busines	s Services		
	148 W. River S			
1426	Providence RI 029			
1030	(401) 222-30	40		
Non-Profit Corporation				
Annual Report Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.			ts	
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>		
1. Corporate ID No. 00002	28095			
2. Name of Corporation Lucy's Hearth				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the NAICS Code is	ne dropdown will known, enter it into the	
NAICS Code				
<u>624221</u>				
4. Principal Office Address				
No. and Street: 19 VAL	LEY ROAD			
	LETOWN State: E	<u>ZI</u> Zip: <u>02842</u>	Country: <u>USA</u>	
5. Brief Description of the Ch	aracter of the Affairs Condu	icted in Rhode Isla	nd	
SHELTER AND SERVICES	FOR HOMELESS WOME	EN AND THEIR C	HILDREN.	
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		Idress	
	First, Middle, Last, Suffix	Address, City or Tow	n, State, Zip Code, Country	

PRESIDENT	MALCOLM FARMER	19 VALLEY ROAD MIDDLETOWN, RI 02842 USA
SECRETARY	MARGARET FARRELL	19 VALLEY ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	MALCOLM FARMER	19 VALLEY ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	MARGARET FARRELL	19 VALLEY ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	LISA CAFFERTY	19 VALLEY ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	MATTHEW O'MALLEY	19 VALLEY ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	GBATOH BROWNE	19 VALLEY ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	MARK W. GORMAN	19 VALLEY ROAD MIDDLETOWN, RI 02842 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

SARAH KELLY-PALMER 19 VALLEY ROAD MIDDLETOWN , RI 02842

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

Signed this 14 Day of February, 2024 at 11:13:48 AM 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 SUZETTE DURAND

Signature of Authorized Person

Form No. 631 Revised 09/07

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