



**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

**Foreign Non-Profit  
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 2025:** 2025

**1. Corporate ID No.** 000790458

**2. Name of Corporation** Sam's Children, Inc.

**3. State of Incorporation**

State: CT

**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

624190

**4. Principal Office Address**

No. and Street: 1862 SMITH STREET

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02911

Country: USA

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

TO AID FAMILIES OF CHILDREN SUFFERING DEBILITATING DISEASES OR  
CONDITIONS WITH NON MEDICAL EXPENSES

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

**Title**

**Individual Name**

First, Middle, Last, Suffix

**Address**

Address, City or Town, State, Zip Code, Country

PRESIDENT	HAMID BIJARI	2138 SILAS DEANE HWY. ROCKY HILL, CT 06067 USA
SECRETARY	SARA LUZMOOR	2138 SILAS DEANE HWY. ROCKY HILL, CT 06067 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**

STEVEN CONTI 1862 SMITH STREET NORTH PROVIDENCE , RI 02911

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

**Signed this 8 Day of December, 2024 at 3:50:54 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 HAMID BIJARI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved