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

Non-Profit Corporation 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. 001699144

2. Name of Corporation Moms of Marieville

3. State of Incorporation

State: RI

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
813110

4. Principal Office Address

No. and Street: 23 COOPER STREET
City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

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

COMMUNITY OUTREACH AND SUPPORT

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

PRESIDENT	CHARLENE SMITH	23 COOPER ST N PROVIDENCE, RI 02904
DIRECTOR	MELISSA SAMPAIO	40 VIVIAN AVE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	CHARLENE SMITH	23 COOPER STREET NORTH PROVIDENCE, RI 02904 UNI
DIRECTOR	LYNN MARTINS	620 STEERE FARM RD. HARRISVILLE, RI 02830 USA
DIRECTOR	CHARLENE SMITH	23 COOPER STREET NORTH PROVIDENCE, RI 02904

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

CHARLENE SMITH 23 COOPER ST. NORTH PROVIDENCE , RI 02904

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

Signed this 4 Day of February, 2025 at 3:05:45 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 CHARLENE SMITH
Signature of Authorized Person

Form No. 631
Revised 09/07