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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

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 722173		2. Exact name of the Corporation Cool Sisters Closet			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To organize neighborhood drives for the collection of clothing, personal care items and household items.			
4. NAICS Code 813319					
6. Principal Office Address 1130 TEN ROD ROAD, SUITE D-206			City NORTH KINGSTOWN	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name LYNN F. MORAN			Vice President Name		
Street Address 1130 TEN ROD ROAD, SUITE D-206			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name Katie C. O'Neil			Treasurer Name Margaret Langhammer		
Street Address 1130 TEN ROD ROAD, SUITE D-206			Street Address 14 Bean Farm Road		
City NORTH KINGSTOWN	State RI	Zip 02852	City Kingston	State RI	Zip 02881
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name LYNN F. MORAN			Director Name Alexandra L. Moran		
Street Address 1130 TEN ROD ROAD, SUITE D-206			Street Address 1130 TEN ROD ROAD, SUITE D-206		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name Katie C. O'Neil			Director Name		
Street Address 1130 TEN ROD ROAD, SUITE D-206			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	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 Lynn F. Moran					Date 4/8/2025
Signature of Officer/Authorized Representative 					

FILED

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

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BY MF
 ex FORM 631 Revised 12/2023