



State of Rhode Island
Department of State - Business Services Division

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25 MAY 3 PM 2:42:03

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 <u>000789576</u>		2. Exact name of the Corporation <u>Colors for a Cause Rhode Island</u>				
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Charity donations for cancer families</u>				
4. NAICS Code <u>813219</u>						
6. Principal Office Address <u>PO Box 338</u>		<u>C2231 Mahanuck Schoolhouse Rd</u>		City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐						
President Name <u>Sandra Puchalski</u>				Vice-President Name <u>none</u>		
Street Address <u>PO Box 338</u>				Street Address <u></u>		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City <u></u>	State <u></u>	Zip <u></u>	
Secretary Name <u>Matthew Puchalski</u>				Treasurer Name <u>Evelyn Smith</u>		
Street Address <u>PO Box 374</u>				Street Address <u></u>		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐						
Director Name <u>Sandra Puchalski</u>				Director Name <u>Evelyn Smith</u>		
Street Address <u>PO Box 338</u>				Street Address <u>PO Box 1379</u>		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	
Director Name <u>Matthew Puchalski</u>				Director Name <u></u>		
Street Address <u>PO Box 374</u>				Street Address <u></u>		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City <u></u>	State <u></u>	Zip <u></u>	
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative <u>Sandra Puchalski</u>					Date <u>5/7/2025</u>	
Signature of Officer/Authorized Representative <u>Sandra Puchalski</u>					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

MAY 08 2025

BY 420FW 2:45
FORM 631- Revised: 12/2023