



**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.** 000798858

**2. Name of Corporation** Gifts To Give, Inc.

**3. State of Incorporation**

State: MA

**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  
813219

**4. Principal Office Address**

No. and Street: 38 APRIL LANE  
City or Town: TIVERTON State: RI Zip: 02878 Country: USA

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

CHARITY

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

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

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|--|--|
|-------|--|--|

|           |                     |  |
|-----------|---------------------|--|
| PRESIDENT | JAMES P. STEVENS    | 1 TITLEIST DRIVE<br>ACUSHNET, MA 02743 USA |
| TREASURER | MELISSA HOEFEL      | 1 TITLEIST DRIVE<br>ACUSHNET, MA 02743 USA |
| DIRECTOR  | CHRISTOPHER STEVENS | 1 TITLEIST DRIVE<br>ACUSHNET, MA 02743 USA |
| DIRECTOR  | JAMES STEVENS       | 1 TITLEIST DRIVE<br>ACUSHNET, MA 02743 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**

SUSAN MIGUEL 38 APRIL LANE TIVERTON , RI 02878

**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 July, 2025 at 4:46:53 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 JAMES STEVENS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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