



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

REC'D RIDOS BSD
25 OCT 3 PM 2:56:00

1. Entity ID Number 00651236		2. Exact name of the Corporation SANTA'S ELVES @ KENNEY			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROVIDE SUPPORT TO FAMILIES IN NEED WITH SMALL CHILDREN DURING THE			
4. NAICS Code 813319					
6. Principal Office Address 1000 JEFFERSON BLVD		City WARWICK		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ARTIN TASKIN III			Vice-President Name		
Street Address 7 TIMBERLAND DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name TASHA SHEPARD			Treasurer Name TASHA SHEPARD		
Street Address 1000 JEFFERSON BLVD			Street Address 1000 JEFFERSON BLVD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name ROBIN DOUGLAS			Director Name JENN FIGUEROA		
Street Address 1000 JEFFERSON BLVD			Street Address 1000 JEFFERSON BLVD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name BRUCE BIALY			Director Name		
Street Address 1000 JEFFERSON BLVD			Street Address		
City WARWICK	State RI	Zip 02865	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.					
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>Artin Taskin</u>					Date <u>7/11/25</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

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

FILED

OCT 03 2025

FORM 631- Revised: 12/2023
BY BV YXW
3:02 PM