



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
A. Ralph Mollis, Secretary of State

Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**  
Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

1. Corporate ID No. 66409		2. Name of Corporation Make-a-Wish Foundation of Rhode Island	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 757 Park Ave	
		City Cranston	Zip 02910
5. Foreign corporation. Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To grant the wishes of children with life-threatening illnesses Between ages 2 1/2 to 18.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dr. Diana Hackney		Vice President Name	
Street Address 757 Park Ave		Street Address	
City Cranston	State RI	Zip 02910	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Mary Lou Schoettler		Director Name Dianne Thibeault	
Street Address 75 Adirondack Drive		Street Address 246 Narragansett Bay Ave	
City E Greenwich	State RI	Zip 02818	
Director Name Frank Melucci		Director Name ED Pires	
Street Address 220 Nilton Rd		Street Address 252 Glen Hill Dr	
City Warwick	State RI	Zip 02889	
City Cranston		State RI	Zip 02920
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name Dr. Diana Hackney		Address	
Address 757 Park Ave		City Cranston, RI	Zip 02910

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

D. L. Hackney 6-13-08  
Signature of Officer Date

Diana L. Hackney  
Print or Type Name of Officer

Pres & CEO  
Title of Officer

**FILED**  
File Date  
Check No. JUN 16 2008  
By: 4685  
FOR SECRETARY OF STATE USE ONLY