



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023 - Amended
Non-Profit Corporation

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 AUG 15 A 10:03

1. Entity ID Number 001716871	2. Exact name of the Corporation New England Care Packages
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Charitable and social advocacy organization.
4. NAICS Code 813319	

6. Principal Office Address 22 Pine Top Road	City Barrington	State RI	Zip 02806
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Ava Hentz			Vice-President Name Lily Stark		
Street Address 22 Pine Top Road			Street Address 56 Somerset Street		
City Barrington	State RI	Zip 02806	City East Greenwich	State RI	Zip 02818
Secretary Name Lily Lockhart			Treasurer Name Emma Stark		
Street Address 19 Miles Avenue			Street Address 56 Somerset Street		
City Tiverton	State RI	Zip 02878	City East Greenwich	State RI	Zip 02828

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Richard Hentz			Director Name Matthew Stark		
Street Address 22 Pine Top Road			Street Address 56 Somerset Street		
City Barrington	State RI	Zip 02806	City East Greenwich	State RI	Zip 02818
Director Name Alexandra Hentz			Director Name Kristina Stark		
Street Address 22 Pine Top Road			Street Address 56 Somerset Street		
City Barrington	State RI	Zip 02806	City East Greenwich	State RI	Zip 02818

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 Richard Hentz	Date 8/15/2023
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Signature of Officer/Authorized Representative 	10:03 AM FILED
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

AUG 15 2023
BY



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 15, 2023 10:03 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

