



**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

**Non-Profit Corporation
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 2024: 2024

1. Corporate ID No. 001749625

2. Name of Corporation Heart to Heart

3. State of Incorporation

State: RI

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

624190

4. Principal Office Address

No. and Street: 659 SANDY LN

City or Town: WARWICK

State: RI

Zip: 02889

Country: USA

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

THIS NONPROFIT CORPORATION EXISTS FOR THE PURPOSE OF FUNDING
MENTAL HEALTH TREATMENT FOR INDIVIDUALS

EXPERIENCING FINANCIAL HARDSHIP.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	KRISTEN ACCIARI	659 SANDY LN WARWICK, RI 02889 USA
DIRECTOR	KRISTEN ACCIARI	659 SANDY LN WARWICK, RI 02889 USA
DIRECTOR	MARISA ETING	118 POINT JUDITH AVE NARRAGANSETT, RI 02822 USA
DIRECTOR	CHALICE MATHIOUDAKIS	1 RICHMOND SQ SUITE 103K PROVIDENCE, RI 02906 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**

KRISTEN ACCIARI 659 SANDY LN WARWICK , RI 02889

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 February, 2024 at 6:06:43 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 KRISTEN ACCIARI
Signature of Authorized Person

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