	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	
1636	(401) 222-3040	
Non-Profit Corpo	pration	
Annual Report		
Filing Period: Febru	ary 1 - May 1	
	R.I.G.L. 7-6-94, each corporation failing or refusing to file its the time prescribed by law (R.I.G.L. 7-6-91) is subject to a 00.	
ANNUAL REPORT	YEAR: <u>2023</u>	
1. Corporate ID No	<b>o</b> . <u>001679264</u>	
2. Name of Corpor	ration Diversity Talks PD Inc	
3. State of Incorpo	oration	
State: <u>RI</u>		
primary type of act populate a NAICS	n labeled NAICS Code below, select the classification title that desc ivity in which your entity engages. The box to the right of the dropd Code based on the chosen selection. If the NAICS Code is known, e or further assistance with selecting a classification <u>click here.</u>	own will
NAICS Code		
<u>611110</u>		
4. Principal Office	Address	
No. and Street:	<u>22 PARSONAGE ST</u> <u>UNIT 290</u>	
City or Town:	PROVIDENCE State: <u>RI</u> Zip: <u>02903</u> Coun	try: <u>USA</u>
5. Brief Description	n of the Character of the Affairs Conducted in Rhode Island	
TO PROVIDE YO	OUTH WITH THE PLATFORM AND SKILLS TO SPARK	
	TIVE CONVERSATIONS WITH ADULTS FROM ACROSS TH	E NATION.
6. Names and Add	resses of the Officers and Directors:	
	Officers must be listed individually. The number of DIRECTORS of n shall not be less than 3.	f a Rhode

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KIARA BUTLER	22 PARSONAGE ST #290 PROVIDENCE, RI 02903 USA
SECRETARY	SIMONA SIMPSON-THOMAS	100 DIXON STREET PROVIDENCE, RI 02907 USA
DIRECTOR	KIARA BUTLER	22 PARSONAGE ST PROVIDENCE, RI 02903 USA
DIRECTOR	TAIWO DEMOLA	121 RESERVOIR AVE PROVIDENCE, RI 02907 USA
DIRECTOR	TALIQ TILLMAN	6 HILLTOP RD EAST PROVIDENCE, RI 02914 USA
DIRECTOR	SIMONA SIMPSON-THOMAS	100 DIXON STREET PROVIDENCE, RI 02907 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

KIARA BUTLER 22 PARSONAGE STREET, #290 PROVIDENCE , RI 02904

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 28 Day of March, 2023 at 11:19:22 AM 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 KIARA BUTLER

Signature of Authorized Person

Form No. 631 Revised 09/07

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