RI SOS Filing Number: 201699732270 Date: 06/02/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
85482	Providence Sh elter for Colored Children
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	To provide for the general welfare of needy African American children in RI

5. Principal Office Address	City	State	Zip
PO Box 6032716	Providence	RI	02906

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Linda Cline			Vice-President Name Kilah Walters		
Street Address 108 Grove STreet			Street Address 220 Massachusetts Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02905
Secretary Name Jill Brody			Treasurer Name John Barrett		
Street Address 43 East Orchard Avenue			Street Address 74 Summer Street		
City Providence	State RI	Zip 02906	City Rehoboth	State MA	Zip 02769

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

Director Name Roxann Johnson-Nance			Director Name Connie Worthington		
Street Address 86 Longwood Avenue			Street Address 240 Cole Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
Director Name Anita Turner			Director Name Mary Santos Lima		
Street Address 190 Grosvenor Avenue			Street Address 48 Memorial Road		
City East Providence	State RI	Zip 02914	City Providence	State RI	Zip 02906

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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	Date
Anita Turner	May 27, 2016

Signature of Officer/Authorized Representative: Anita Turner

FILED
JUN 02 2016
BY 1879 DS

Form No. 631
Revised: 2016

137636-1-1120167