



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2013
Non-Profit Corporation

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

2016 AUG - 5 AM 11:30
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CORPORATION DIVISION

1. Entity ID Number <u>00508204</u>		2. Exact name of the Corporation <u>Knowledge Is Power 401</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>nonprofit - empower community to Make Change</u>	
5. Principal Office Address <u>295 Pawtucket Ave</u>		City <u>Pawt</u>	State <u>R.I</u>
		Zip <u>02860</u>	
6. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Kathy Dasilva</u>		Vice-President Name <u>Darnel Albury</u>	
Street Address <u>16 Abott St</u>		Street Address <u>61 Joseph St</u>	
City <u>Pawt</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</u>
Zip <u>02860</u>		Zip <u>02904</u>	
Secretary Name <u>Maria Tavares</u>		Treasurer Name <u>Joana Rodrigues</u>	
Street Address <u>Hunt St</u>		Street Address <u>53 Newton St</u>	
City <u>Central Falls</u>	State <u>R.I</u>	City <u>Pawt</u>	State <u>R.I</u>
Zip <u>02860</u>		Zip <u>02860</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Melissa DaRosa</u>		Director Name <u>Joana Rodrigues</u>	
Street Address <u>295 Pawtucket Ave</u>		Street Address <u>53 Newton St</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>R.I</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Director Name <u>Darnel Albury</u>		Director Name	
Street Address <u>61 Joseph St</u>		Street Address	
City <u>Pawt</u>	State <u>R.I</u>	City	State
Zip <u>02860</u>		Zip	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>Melissa DaRosa</u>			Date <u>8-5-16</u>
Signature of Officer/Authorized Representative <u>Melissa DaRosa</u>			SIGN DOCUMENT HERE

FILED

AUG 05 2016 11:39

By AC 11333718

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016