



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

Annual Report for the year: 2017
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.

1. Entity ID Number <u>133177</u>		2. Exact name of the Corporation <u>Adopt A Doctor/Stages of Freedom</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>PROVIDENCE BASED NONPROFIT THAT PROVIDES SWIMMING LESSONS AND AFRICAN AMERICAN CULTURAL ACTIVITIES.</u>	
4. NAICS Code <u>624110</u>			
6. Principal Office Address <u>10 WESTMINSTER</u>		City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02903</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>CHERYL JORDAN</u>		Vice-President Name	
Street Address <u>904 VILLAGE ROAD EAST</u>		Street Address	
City <u>NORWOOD</u>	State <u>MA</u>	City	State Zip
Secretary Name <u>CONSTANCE JORDAN</u>		Treasurer Name <u>PATSEA COBB</u>	
Street Address <u>904 VILLAGE ROAD EAST</u>		Street Address <u>1 FITCHBURG ST. APT 416</u>	
City <u>NORWOOD</u>	State <u>MA</u>	City <u>SOMERVILLE</u>	State <u>MA</u> Zip <u>02143</u>
8. 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>JUDITH LITOFF</u>		Director Name <u>RAFAEL ADAMES</u>	
Street Address <u>248 MORRIS AVENUE</u>		Street Address <u>P.O. BOX 2591</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02906</u>
Director Name <u>CHARLAYNE OSBORNE</u>		Director Name <u>ANDREW GALI</u>	
Street Address <u>30 BARTON STREET</u>		Street Address <u>242 SOUTH PATTERSON ST.</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>BALTIMORE</u>	State <u>MD</u> Zip <u>21231</u>
9. 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 <u>RAY RICKMAN</u>			Date <u>MAY 30-2017</u>
Signature of Officer/Authorized Representative <u>RAY RICKMAN</u>			

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

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FORM 631 - Revised: 05/2017