



**State of Rhode Island and Providence Plantations  
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: June 1 - June 30

*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:** 2017

**1. Corporate ID No.** 000085482

**2. Name of Corporation** Providence Shelter for Colored Children

**3. State of Incorporation**

State: RI

**ARTICLE III**

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

6

813219

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 603276

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE FOR THE GENERAL WELFARE OF NEEDY MINORITY CHILDREN LARGELY THROUGH GRANTS AND CONTRIBUTIONS TO OTHER AREA NON-PROFIT CORPORATIONS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	JOHN BARRETT	74 SUMMER ST REHOBOTH, MA 02769 USA
SECRETARY	JILL BRODY	43 EAST ORCHARD AVE PROVIDENCE, RI 02906 USA
PRESIDENT	KILAH WALTERS	220 MASSACHUSETTS AVE PROVIDENCE, RI 02905 USA
VICE PRESIDENT	ROXANN JOHNSON NANCE	86 LONGWOOD AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	BEVERLY CARDOZA	571 BROAD STREET PROVIDENCE, RI 02907 USA
DIRECTOR	JANE LANCASTER	40 PRESIDENT AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	LINDA CLINE	108 GROVE STREET PROVIDENCE, RI 02909 USA
DIRECTOR	MARY SANTOS LIMA	48 MEMORIAL RD PROVIDENCE, RI 02906 USA
DIRECTOR	CONNIE WORTHINGTON	240 COLE AVE PROVIDENCE, RI 02906 USA
DIRECTOR	ANITA TURNER	190 GROSVENOR AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	DENISE JENKINS	43 JOHN MOWRY RD SMITHFIELD, RI 02917 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ANITA TURNER 190 GROSVENOR AVENUE EAST PROVIDENCE , RI 02914

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

*Signed this 26 Day of June, 2017 at 4:04:22 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 ANITA TURNER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

