RI SOS Filing Number: 201858418300 Date: 2/16/2018 4:00:00 PM

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

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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 **001669117**	2. Exact name of the Corporation **EQUALITY RHODE ISLAND**
3. State of Incorporation **RI**	5. Brief description of the character of business conducted in Rhode Island **PROMOTE SOCIAL LEGAL AND POLITICAL WELFARE AND CIVIL RIGHTS OF LESBIAN GAY BISEXUAL AND TRANSGENDERED RHODE ISLANDERS. THE CORPORATION IS A CIVIC ORGANIZATION WITHING THE MEANING OF A 501C3**
4. NAICS Code 813311	

6. Principal Office Address	City	State	Zip
251 PAWTUXET AVE	**WARWICK**	**RI**	**02888**

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

President Name **KATHERINE MONTEIRO**			Vice-President Name		
Street Address **37 LONGWOOD AVE**			Street Address		
City **WARWICK**	State **RI**	Zip **02888**	City	State **RI**	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name **LEE MCDANIEL**			Director Name **STEVEN ALEXANDER**		
Street Address **888 SMITH STREET**			Street Address **251 PAWTUXET AVE**		
City **WARWICK**	State **RI**	Zip **02888**	City **WARWICK**	State **RI**	Zip **02888**
Director Name **JAYSON WATTS**			Director Name		
Street Address **251 PAWTUXET AVE**			Street Address		
City **WARWICK**	State **RI**	Zip **02888**	City	State	Zip

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	Date
STEVEN P BIGOS AUTHORIZED AGENT	**02/10/2018**

Signature of Officer/Authorized Representative — SIGN DOCUMENT HERE

FILED

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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BY

FORM 631 - Revised: 11/2017