



**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:** 2018

**1. Corporate ID No.** 001237660

**2. Name of Corporation** Center for Reconciliation

**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

813110

**4. Corporate Address in Rhode Island**

No. and Street: 275 NORTH MAIN STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 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**

THE CENTER FOR RECONCILIATION FOSTERS INTER-RACIAL RECONCILIATION THROUGH PROGRAMS THAT ENGAGE EDUCATE AND INSPIRE TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW, AND NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THE CORPORATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES

**NOT PERMITTED TO BE CARRIED ON BY A CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3).**

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT      | W. NICHOLAS KNISELY                            | 120 COLD SPRING RD.<br>N. KINGSTOWN, RI 02852 USA          |
| SECRETARY      | MR. JAMES DEWOLF PERRY                         | 14 HIGH ST.<br>WESTBOROUGH, MA 01581 USA                   |
| VICE PRESIDENT | DELBERT GLOVER                                 | 145 GROTTO AVE.<br>PROVIDENCE, RI 02903 USA                |
| TREASURER      | DR. ROBERT NAPARSTEK                           | 10 W. CUSHING STREET<br>PROVIDENCE, RI 02906 USA           |
| DIRECTOR       | JANICE L. GRINNELL                             | 263 ORCHARD WOODS DRIVE<br>SAUNDERSTOWN, RI 02874 USA      |
| DIRECTOR       | DR. FERDINAND JONES                            | 229 MEDWAY ST. APT. 201<br>PROVIDENCE, RI 02906 USA        |
| DIRECTOR       | DAVID A AMES                                   | 130 SLATER AVE.<br>PROVIDENCE, RI 02906 USA                |
| DIRECTOR       | THE RT. REV. DR. JEFFREY A. WILLIAMS           | 1860 WESTMINSTER ST.<br>PROVIDENCE, RI 02909 USA           |
| DIRECTOR       | DR. ANTHONY BARRYMORE BOGUES                   | 155 ANGELL ST.<br>PROVIDENCE, RI 02912 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**

DELBERT GLOVER 275 NORTH MAIN STREET PROVIDENCE , RI 02903

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

**Signed this 1 Day of June, 2018 at 12:16:36 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 DELBERT C. GLOVER  
Signature of Authorized Person

