



**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.** 000663427

**2. Name of Corporation** TGI NETWORK OF RHODE ISLAND

**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   
624190

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 40365  
City or Town: PROVIDENCE State: RI Zip: 02940 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 SUPPORT AND ADVOCACY FOR TRANSGENDER INDIVIDUALS IN RHODE ISLAND AND TO EDUCATE THE PUBLIC ABOUT ISSUES FACING THE TRANSGENDER COMMUNITY.

**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**Incorporator is no longer applicable; please delete**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
PRESIDENT	ETHAN HUCKLE	34 RIALTO STREET PROVIDENCE, RI 02908 USA
SECRETARY	JANELLE HEIDEMAN	224 SOUTH STREET, #1 JAMAICA PLAIN, MA 02130 USA
DIRECTOR/TREASURER	BRIAN W KOVACS	1800 MINERAL SPRING AVE #260 NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	GWENDOLYN HOWARD	88 NELSON ST PROVIDENCE, RI 02908 USA
DIRECTOR	TREVOR BEARD	37 ROME AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	JAYE WATTS	37 ROME AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	MONIQUE PAUL	1 LANE C COVENTRY, RI 02816 USA
DIRECTOR	TARAH TAMAYO	69 HENDRICK ST, FL 2 PROVIDENCE, RI 02908 USA
DIRECTOR	KAYLA POWELL	3115 12TH ST, NE WASHINGTON, DC 20017 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**

BRIAN KOVACS 1800 MINERAL SPRING AVENUE #260 PROVIDENCE , RI 02904

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

**Signed this 12 Day of June, 2018 at 9:47:19 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 BRIAN W KOVACS  
Signature of Authorized Person

Form No. 631  
Revised 09/07