RI SOS Filing Number: 201872749620 Date: 7/24/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2017

- → Filing period: June 1 June 30 → Filing Fee \$20.00

→ Penalty: Additional \$25,00 fee if	form is not filed	d by July 30.			- 10000 - 10000
1 Entity ID Number 001678430	2. Exact name of the Corporation Providence DSA				10: 5
State of Incorporation Rhode Island	4		cter of business conducted in F		
4. NAICS Code 813319 - Other Social Advocac	OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE OF 1986, AS NOW ENACTED OR HEREAFTER AMENDED (HEREINAFTER, "THE CODE").				
6 Principal Office Address 210 Constitution Ct			City Johnston	State RI	Zip 02919
7. List ALL officers (names and add	resses)	·	<u> </u>	Check the box to indi	ate an attachment
President Name Thea Riofrancos			Vice-President Name Paul Rakotoarisoa		
Street Address 19 Forest St			Street Address 21 Grant St		
City Providence	State RI	Zip 02906	City Providence	State RI	^{Zip} 02909
Secretary Name Dan Quayle			Treasurer Name Seeta Joseph		
Street Address 210 Constitution Ct			Street Address 322 Middle St		
City Johnston	State RI	Zip 02919	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and ad	dresses). Ri (Corporations MUST	list at least THREE directors.	Charlette based and	
Director Name Paul Rakotoarisoa			Check the box to indicate an attachment Liping Director Name Cindy Quayle		
Street Address 21 Grant St			Street Address 210 Constitution Ct		
City Providence	State RI	^{Zip} 02909	Gity Johnston	State RI	Zip 02919
Director Name Alexandra Loehrer			Director Name		
Street Address 76 7TH ST			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Ζıp
9. Registered Agent in Rhode Islan	d. This informat	ion is currently of reco	rd in the Department of State. Cha	anges require filing Form 64	11
Under penalty of perjury, I declar statements, and that all statemen	e and affirm (ots contained	hat I have examine herein are true an	ed this report, including any discorrect.	accompanying schedu	ules and
This report must be signed by either the Pres		ent, Secretary, Assistant S	Secretary, Treasurer, duty Authorized R	apresentative, Receiver or Trus	stea.
Name of Officer/Authorized Repres Dan Pozzie	entative			Date July 23, 2018	347
signature of Officer/Authorized Rep	resentative /	Mu		11E 108 13	X 1/3

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sas.ri.gov

FORM 631 - Revised: 11/2017