



**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.** 001674362

**2. Name of Corporation** SOUTH PROVIDENCE NEIGHBORHOOD ASSOCIATION

**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

813990

**4. Corporate Address in Rhode Island**

No. and Street: 391 PINE ST  
UNIT 3

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**

TO BRING MEMBERS OF BOTH THE UPPER & LOWER SOUTH PROVIDENCE COMMUNITY TOGETHER IN A WAY THAT ORGANIZES, INFORMS & EMPOWERS THE LOCAL RESIDENTS, LOCAL BUSINESSES & ORGANIZATIONS WHILE FACILITATING IN THE AREA MEANINGFUL & LONG-TERM PARTNERSHIPS.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| INCORPORATOR | MARY SMITH                                            | 600 BROAD ST<br>PROVIDENCE, RI 02907 USA                          |
| INCORPORATOR | EVA AGUDELO                                           | 389 PINE ST<br>PROVIDENCE, RI 02903 USA                           |
| INCORPORATOR | RON CROSSON                                           | 191 DUDLEY ST<br>PROVIDENCE, RI 02905 USA                         |
| INCORPORATOR | DWAYNE KEYS                                           | 391 PINE ST UNIT 3<br>PROVIDENCE, RI 02903 USA                    |
| DIRECTOR     | RON CROSSON                                           | 191 DUDLEY ST<br>PROVIDENCE, RI 02905 USA                         |
| DIRECTOR     | MARY SMITH                                            | 600 BROAD ST<br>PROVIDENCE, RI 02907 USA                          |
| DIRECTOR     | DWAYNE KEYS                                           | 391 PINE ST UNIT 3<br>PROVIDENCE, RI 02903 USA                    |
| DIRECTOR     | EVA AGUDELO                                           | 389 PINE ST<br>PROVIDENCE, RI 02903 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**

DWAYNE KEYS 391 PINE ST UNIT 3 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 August, 2018 at 10:53:13 AM 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 DWAYNE KEYS  
Signature of Authorized Person

Form No. 631  
Revised 09/07