



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

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: **2018**

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.

2018 AUG -1 PM 12:21

1. Entity ID Number 516271		2. Exact name of the Corporation One Thousand and One United, Inc / PDC CHURCH	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To serve people of diverse cultures that forges unity towards one common goal: which is to preserve youth, families and build strong communities through educational, economical and recreational opportunities.	
4. NAICS Code 813110			
6. Principal Office Address 122 Benefit Street		City Pawtucket	State RI
		Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jennifer Hightower		Vice-President Name Jenell Scott	
Street Address 25 King Phillip Road		Street Address 508 Lonsdale Avenue	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02860	
Secretary Name Kim Shanks		Treasurer Name Wanda Johnson	
Street Address 239 Central Avenue		Street Address 459 North Quincy Street	
City Pawtucket	State RI	City Brockton	State MA
Zip 02860		Zip 02302	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Jennifer Hightower		Director Name Kim Shanks	
Street Address 25 King Phillip Road		Street Address 239 Central Avenue	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02681		Zip 02860	
Director Name Jenell Scott		Director Name	
Street Address 508 Lonsdale Avenue		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		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 Jennifer Hightower		Date July 30, 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.n.gov

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BY **JP 336069**

FORM 631 - Revised 11/2017