	RI SOS	Filing Number: 201873714690	Date: 8/1/2018 4:00:00 PM	멑	SE	•
Non-Pr → Filin → Filin	Departme I Report for ofit Corpor period. June 1 g Fee: \$20.00	ration	Division	118 AUG - 1 PM 2: 3	RECEIVED CORPORATIONS DIV	
-> rem	aity Additional	\$25.00 fee if form is not filed by July 30.		•	t.d	

	ŕ	•				
1. Entity ID Number	2. Exact name of	f the Corporation				
000543553		•	no Caucus			
3. State of Incorporation				Rhode Island		
RI	To Serve	as a Stru	er of business conducted in R	- Charity and t	·o	
4. NAICS Code	Advicate 1	for paulti	Cultural Phode I	Islanders.		
624140						
6 Principal Office Address			City	State	Zip	
V.O. BOX 5827			Providence	RF	02903	
7. List ALL officers (names and add	dresses)			Check the box to ind	licate an attachment	
President Name Negror			Vice-President Name Boherta Barros			
	5+		Ctrool Address		+ 206	
Cranston	State	82920	Providence	state State	2ip 2904	
Jamesla Dur			Treasurer Name			
Street Address 141 Verndale	Ave		Street Address			
City nov. den ce	State	Zip 02905	City	State	Zip	
8. List ALL directors (names and ac	dresses). RI Corp	orations MUST li	ist at least THREE directors.			
Director Name			Tarana	Check the box to ind	icate an attachment	
Jameela Du	instan		Director Name Uana /	Vegron		
Street Address	Ave		Street Address.	as above		
City) Prov. den Ce Director Name	State I	Zip 0 2405	City	State	Zip	
Director Name Ruberta Bar			Director Name			
Street Address U/m Stead	Way apt	204	Street Address			
City Providence	State P_T_	Zip 2904	City	State	Zip	
9. Registered Agent in Rhode Island	d. This information is	currently of record	d in the Department of State. Cha	inges require filing Form (541.	
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that its contained her	I have examined ein are true and	d this report, including any l correct.	accompanying sched	tules and	
This report must be signed by either the Presi	ident, Vice-President, S	ecretary, Assistant Se	ecretary, Treasurer, duly Authorized Re	epresentative, Receiver or Tr	ustee	
Name of Officer/Authorized Repres	entative			Date		
Augue Negre				8.1-18		
Signature of Officer/Authorized Repl	resentative		FILED			
•						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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