RI SOS Filing Number: 201874603560 Date: 8/15/2018 2:45:00 PM

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

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Annual Report for the year: 2017
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.

1. Entity ID Number	2. Exact name of the Corporation
110643	Rhode Island Black Heritage Society
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Nonprofit Historical & Heritage Preservation
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
110 Benevolent ST	Providence	RI	02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Robert Sanders, CPT USN	
Street Address: 1 Cimarron CT	Street Address:
City: Portsmouth State: RI Zip: 02871	City: State: Zip:
Secretary Name: Donald Mays	**Treasurer Name:** Theresa Guzman Stokes
Street Address: 41 Moore ST	Street Address: PO Box 4238
City: Providence State: RI Zip: 02907	City: Middletown State: RI Zip: 02842

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Robert Sanders	Don Mays
Street Address: Same as Above	Street Address: same as above
City: State: Zip:	City: State: Zip:
Director Name: Theresa Guzman Stokes	**Director Name:**
Street Address: Same as above	Street Address:
City: State: Zip:	City: State: 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	Date
Theresa Guzman Stokes	8/15/18

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED 2:45
AUG 15 2018
BY CR 337006

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017