



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

Annual Report for the year: **2019**
 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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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1. Entity ID Number 1672095		2. Exact name of the Corporation Rhode Island Guardians Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-Profit (501c3) corporation organized exclusively for educational, scientific, charitable, and mentorship purposes to support, promote, and enhance opportunities for men and women of color in the profession of criminal justice.			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address P.O. Box 113854			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John P. A'Vant			Vice-President Name Terrence Green		
Street Address 29 Mark Drive			Street Address 36 Naples Avenue		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02908
Secretary Name Luis R. Rivera			Treasurer Name Nina Bliss		
Street Address 32 Andover Street			Street Address 47 Anderton Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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 John P. A'Vant			Director Name Terrence Green		
Street Address 29 Mark Drive			Street Address 36 Naples Avenue		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02908
Director Name Luis Rivera			Director Name Nina Bliss		
Street Address 32 Andover Street			Street Address 47 Anderton Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative John P. A'Vant, President					Date 5/6/2019
Signature of Officer/Authorized Representative 					FILED ✓
IN DOCUMENT HERE					

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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