



Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

→ 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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CORPORATIONS DIV

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| | | | |
|---|-------------|---|-----------------------------|
| 1. Entity ID Number 000566581 | | 2. Exact name of the Corporation Girls Rock! Rhode Island | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island To provide opportunities for girls and women to express themselves through music and become independent creators of culture. | |
| 4. NAICS Code 813319 | | | |
| 6. Principal Office Address P.O. Box 3475 | | City Providence | State RI Zip 02909 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Jennifer Walker | | Vice-President Name Darlene Reina | |
| Street Address 201 Sumter Street | | Street Address 269 Chicopee Street Apt 18 | |
| City Providence | State RI | Zip 02907 | City Chicopee |
| Secretary Name Rosalind Raskin | | Treasurer Name Nicole Legace | |
| Street Address 51 Wostford Rd. | | Street Address 58 Louis Ave. | |
| City Providence | State RI | Zip 02907 | City Providence |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| 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 Rosalind Grace Raskin | | | Date 7/5/19 |
| Signature of Officer/Authorized Representative | | | |

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BB: Ch W52YC

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