



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.

FILED

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BY

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1. Entity ID Number <b>000082930</b>		2. Exact name of the Corporation <b>The Rhode Island Organizing Project</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To focus experience, faith perspective, &amp; resources of neighborhood concern.</b>			
4. NAICS Code <b>813319 - Other Social Advocac</b>					
6. Principal Office Address <b>134 Mathewson Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William Flynn</b>			Vice-President Name <b>Bendu Clarke</b>		
Street Address <b>16 Dawes Ave</b>			Street Address <b>79 Alger Ave</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>none</b>			Treasurer Name <b>Luis Pinto</b>		
Street Address			Street Address <b>81 Appleton Street</b>		
City	State	Zip	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Murray Blackadar</b>			Director Name <b>Abelardo Hernandez</b>		
Street Address <b>100 John Street</b>			Street Address <b>283 Manton Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>Waleska Pinto</b>			Director Name		
Street Address <b>81 Appleton Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	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.					
<b>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.</b>					
<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 <b>William Flynn / President</b>				Date <b>7.24.19</b>	
Signature of Officer/Authorized Representative <i>William Flynn</i> <span style="float: right;">SIGN DOCUMENT HERE</span>					

MAIL TO:  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)