



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2019 DEC -4 AM 11:14

1. Entity ID Number 157149		2. Exact name of the Corporation Cornucopia of Rhode Island: Serving the Library Community of Color			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Library services to people of color within Rhode Island and the development of libraries and library staff of color.			
4. NAICS Code 813920					
6. Principal Office Address 17 Canob Lane			City Richmond	State RI	Zip 02898
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Juliann Cerrito			Vice-President Name Donna Gilton		
Street Address 206 Sauga Avenue			Street Address 16 Serenity Way		
City North Kingstown	State RI	Zip 02852	City Wakefield	State RI	Zip 02879
Secretary Name Maria Cotto			Treasurer Name Ida D. McGhee		
Street Address 24 Grace Street Apt. 1			Street Address PO Box 491		
City Cranston	State RI	Zip 02910	City West Kingston	State RI	Zip 02892
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 Juliann Cerrito			Director Name Donna Gilton		
Street Address 206 Sauga Avenue			Street Address 16 Serenity Way		
City North Kingstown	State RI	Zip 02852	City Wakefield	State RI	Zip 02879
Director Name Maria Cotto			Director Name		
Street Address 24 Grace Street Apt. 1			Street Address		
City Cranston	State RI	Zip 02910	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>					
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 Ida D. McGhee				Date November 28, 2019	
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE

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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FORM 631 - Revised: 06/2019