RI SOS Filing Number: 202032718380 Date: 1/21/2020 12:23:00 PM

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

2020 JAN 21 PM 12:22

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.

1. Entity ID Number	2. Exact name of the Corporation
158436	**DickRoss Opportunity Foundation, Inc**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **TO PROMOTE EQUAL OPPORTUNITY AND MAINTAIN APPROPRIATE STANDARDS FOR SUCCESS OF ALL PARTICIPANTS. TO PROVIDE AN EDUCATIONAL ENVIRONMENT WHICH MEETS THE NEEDS OF STUDENTS WITH VARIED LEARNING SKI**
4. NAICS Code: **611110 - Elementary and**	

6. Principal Office Address	City	State	Zip
134 WHITTIER AVE	**PROVIDENCE**	**RI**	**02909**

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

President Name **ROSE A. ROSS DICKENS**			Vice-President Name		
Street Address **134 WHITTIER AVE**			Street Address		
City **PROVIDENCE**	State **RI**	Zip **02909**	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name **ESTHER SWAH**			Director Name **ELLEN MILLER**		
Street Address **134 WHITTIER AVE**			Street Address **190 WINDMILL ST**		
City **PROVIDENCE**	State **RI**	Zip **02909**	City **PROVIDENCE**	State **RI**	Zip **02904**
Director Name Rose A Ross Dickens			Director Name		
Street Address 134 Whittier Ave			Street Address		
City Providence	State RI	Zip 02909	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
Rose A Ross Dickens	**01/17/2020**

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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BY IKL DVGXB

FORM 631 - Revised: 06/2019