



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year:
Non-Profit Corporation

2019

2020 MAR 10 A 11:39

- 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 1038461		2. Exact name of the Corporation Museum of Black Artifacts	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island - Display Museum Artifacts - Presentations / Discussions on Artifacts - Facilitate Group discussions on Race / Race Relations	
4. NAICS Code 712110			
6. Principal Office Address 149 Anthony Street		City East Prov.	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Onna Moniz-John		Vice-President Name Alvin John	
Street Address 149 Anthony Street		Street Address 149 Anthony St	
City East Prov	State RI	City East Prov	State RI
Zip 02914		Zip 02914	
Secretary Name Hois K. Gomes		Treasurer Name Elaine Gonsalves	
Street Address 66 Fourth Street		Street Address 71 Centre Street	
City East Prov	State RI	City East Prov	State RI
Zip 02914		Zip 02914	
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 Mary Ann Fonseca		Director Name Adair Dos Santos	
Street Address 27 Carlton Ave		Street Address Meadowcrest Drive	
City East Prov	State RI	City Barrington	State RI
Zip 02914		Zip 02806	
Director Name Alvin John		Director Name	
Street Address 149 Anthony St		Street Address	
City E. Prov	State RI	City	State
Zip 02914		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 Onna A. Moniz-John			Date March 10, 2020
Signature of Officer/Authorized Representative <i>Onna A. Moniz-John</i>			FILED
MAR 10 2020			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY VUCET 11:40