



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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BUS SVCS DIV.

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1. Entity ID Number 001100074		2. Exact name of the Corporation Brothers On a New Direction (B.O.N.D.)	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The men of B.O.N.D. pledge to help guide young men of color towards personal, professional and economic growth. B.O.N.D. will utilize the skills of mentorship to empower young men with the knowledge that they hold the key to their futures.	
4. NAICS Code 813920 - Professional Orgar			
6. Principal Office Address 28 VIOLET STREET		City PROVIDENCE	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KARLEY CARTO		Vice-President Name	
Street Address 1842 MENDON RD		Street Address	
City WOONSOCKET	State RI	Zip 02895	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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 <input type="checkbox"/>			
Director Name MARDOCHEE MONDESTIL		Director Name ANGELO A. COSTA	
Street Address 204 ROOSEVELT ST		Street Address 111 WHEELER AVE	
City PROVIDENCE	State RI	Zip 02909	
Director Name CHRISTOPHER PERROTTA		Director Name JOSHUA FLANAGAN	
Street Address 19 DELWAY ROAD		Street Address 37 RHODE ISLAND AVE	
City CRANSTON	State RI	Zip 02910	
City PAWTUCKET		State RI	Zip 02860
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.			
<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 Victor Shapiro, Esq. Authorized Representative			Date 5/4/20
Signature of Officer/Authorized Representative 			

FILED

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

MAY 04 2020
BY **86135**
AA 12:53pm

FORM 631 - Revised 06/2019