



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

Annual Report for the year:  
Non-Profit Corporation

2020

- Filing period: June 1 - June 30  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 01 2020

BY

|   |                   |  |   |                           |                     |
|---|-------------------|--|---|---------------------------|---------------------|
| 1. Entity ID Number<br><b>000541067</b>   |                   | 2. Exact name of the Corporation<br><b>Rhode Island Dream Center</b>   |   |                           |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                   | 5. Brief description of the character of business conducted in Rhode Island<br><b>Provide assistance in food, clothing, education, life skills through faith based ministries.</b> |   |                           |                     |
| 4. NAICS Code<br><b>624210 - Community Food</b>   |                   |  |   |                           |                     |
| 6. Principal Office Address<br><b>330 Park Avenue</b>   |                   |  | City<br><b>Cranston</b>                       | State<br><b>R.I.</b>      | Zip<br><b>02905</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>Ramona Brown</b>  |                   |  | Vice-President Name <b>Charles Johnson</b>    |                           |                     |
| Street Address <b>464 Laurel Hill Avenue</b>  |                   |  | Street Address <b>240 Pippin Orchard Rd</b>   |                           |                     |
| City <b>Cranston</b>  | State <b>R.I.</b> | Zip <b>02920</b>   | City <b>Cranston</b>                          | State <b>R.I.</b>         | Zip <b>02921</b>    |
| Secretary Name <b>Sharon Cogean</b>   |                   |  | Treasurer Name <b>Toni Morse</b>              |                           |                     |
| Street Address <b>197 Narragansett Ave</b>  |                   |  | Street Address <b>940 Quaker Lane Apt 607</b> |                           |                     |
| City <b>Providence</b>  | State <b>R.I.</b> | Zip <b>02907</b>   | City <b>East Greenwich</b>                    | State <b>R.I.</b>         | Zip <b>02818</b>    |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>        |                   |  |   |                           |                     |
| Director Name <b>Ramona Brown</b>   |                   |  | Director Name <b>Charles Johnson</b>          |                           |                     |
| Street Address <b>464 Laurel Hill Avenue</b>  |                   |  | Street Address <b>240 Pippin Orchard Rd</b>   |                           |                     |
| City <b>Cranston</b>  | State <b>R.I.</b> | Zip <b>02920</b>   | City <b>Cranston</b>                          | State <b>R.I.</b>         | Zip <b>02921</b>    |
| Director Name <b>David Marquard</b>   |                   |  | Director Name                                 |                           |                     |
| Street Address <b>665 George Washington Hwy</b>   |                   |  | Street Address                                |                           |                     |
| City <b>Lincoln</b>   | State <b>R.I.</b> | Zip <b>02865</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<br><b>Ramona Brown</b>  |                   |  |   | Date<br><b>05-26-2020</b> |                     |
| Signature of Officer/Authorized Representative<br><i>[Signature]</i>  |                   |  |   |                           |                     |

MAIL TO:  
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