



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

1615
JA

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

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