



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

Annual Report for the year: 2020
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.

FILED STAMP

JUN 24 2020

BY

205 DS

1. Entity ID Number 001702696		2. Exact name of the Corporation The Collective Peacedale			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To offer workshops, provide meeting space, and offer reading material and educational resources that contribute to building knowledge around empathic living, human rights, and social justice.			
4. NAICS Code 813311 - Human Rights Org:					
6. Principal Office Address 1220 Kingstown Road, Suite 1		City Peacedale		State RI	Zip 02879
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sarah Markey			Vice-President Name		
Street Address 461 Woodruff Avenue			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Maggie Kain			Treasurer Name Tara Apperson		
Street Address 49 Amacio Street			Street Address 20 Allen Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Sarah Markey			Director Name Maggie Kain		
Street Address 461 Woodruff Avenue			Street Address 49 Amacio Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Tara Apperson			Director Name		
Street Address 20 Allen Avenue			Street Address		
City Wakefield	State RI	Zip 02879	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 Sarah Markey				Date 6/16/20	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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