



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.

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BUS SVCS DIV

2020 JUN 29 PM 3:14

1. Entity ID Number <b>1038461</b>		2. Exact name of the Corporation <b>The Museum of Black Artifacts Inc</b>		
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island - Display Museum Artifacts - Preserve - Presentations / Discussions on Artifacts - Facilitate Group meetings on Race / Race Relations		
4. NAICS Code <b>712110</b>				
6. Principal Office Address <b>149 Anthony Street</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</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>Donna A Moniz-John</b>		Vice-President Name <b>Alvin J John</b>		
Street Address <b>149 Anthony Street</b>		Street Address <b>149 Anthony St.</b>		
City <b>East Prov</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Prov</b>	State <b>RI</b>
Secretary Name <b>Mary Ann Fonseca</b>		Treasurer Name <b>Elaine Goncalves</b>		
Street Address <b>27 Carlton Ave</b>		Street Address <b>71 Centre St.</b>		
City <b>East Prov</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Prov</b>	State <b>RI</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>Lois K - Games</b>		Director Name <b>Adair Dos Santos</b>		
Street Address <b>66 Fourth St.</b>		Street Address <b>252 Meadowcrest Dr.</b>		
City <b>East Prov</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Barrington</b>	State <b>RI</b>
Director Name <b>Heather Dos Santos</b>		Director Name		
Street Address <b>252 Meadowcrest Dr.</b>		Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State
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 <b>Donna A Moniz-John</b>				Date <b>June 29, 2020</b>
Signature of Officer/Authorized Representative <i>Donna A Moniz-John</i>				FILED JUN 29 2020 8359