RI SOS Filing Number: 202043810440 Date: 6/29/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **Non-Profit Corporation** 

R.I. DEPT. OF STATE BUS SVCS DIV

2020 JUN 29 PM 3: 14

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of		-	` ` ` ` `	,
1038461	The Museum of Black Artifacts In				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RhodeIsland	- 100	sbrad w	aseam riverag		
4. NAICS Code	- (Yr	esentati	ons/Discussions on Artifacts/		
712110	- Ça	gritato	Group meetings on Race/Relation		
6. Principal Office Address			City	State	Zip
149 Anthony Street		East Youden	PI	62914	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					an attachment
President Name Onna A Moniz- John			Vice-President Name J JSh N		
Street Address 149 Anthony Street			Street Address 9 Anthony St.		
City Egst PROU	State 21	<sup>Zi0</sup> 02914	city Ea PROD	Stat P2(	Z19009 AL
Secretary Name Mary Ann	Fonseco	<del></del> ર	Treasurer Name	on Salve	S
Street Address 27 Carlton Ave			Street Address Centre St.		
City East PROD	State Q	<sup>Zip</sup> 02014	City East Prov.	State 2	2188916
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
1				hock the how to india	oto on attachment
Director Name LOIS K.	Gomes		C	heck the box to indic	ate an attachment
Director Name LOIS K.  Street Address 66 Four	th St.		Director Name  Adair  Street Address	Santos acrest T	ate an attachment
Street Address	1 01	Zip CO9 14	Director Name  Adair  Street Address	$\overline{}$	2ip So 6
Street Address 66 Four	th St.	zip 00914	Director Name Adair Vos Street Address A52  City	Santos acrest T	)e1(-)
Street Address  City East Prev  Director Name Heather	State RI Dassan	tos	Director Name Adair Vos Street Address A52 Medic City Barrington	Santos acrest T	)e1(-l)
Street Address 66 Four City East Prov Director Name Heather	State RI Dassan	tos Dr.	Street Address 252  Cit Barrington  Director Name	Santos acrest T	)e1(-)
Street Address  City East Prov  Director Name Heather  Street Address  252 Mea	State RI  Dessan  Lowcrest  State  St	tos Dr.	Director Name  Street Address  City Barrington  Director Name  Street Address  City  City  City	Santos ocrest T State	2ip Zip
Street Address  City East Prov  Director Name Heather  Street Address  City Barning for	State Pl  Dessage  Lowcrest  State  This information in the and affirm that	Zip D7. Solution S currently of record I have examined	Director Name  Street Address  City  Director Name  Street Address  City  in the Department of State. Changes  this report, including any accounts	State  State  State	2ip Zip
Street Address  City East—Prov  Director Name  Heather  Street Address  City Barnhy fon  9. Registered Agent in Rhode Islan  Under penalty of perjury, I declar	State RI  Descention  State RI  St	Zip S currently of record I have examined rein are true and	Director Name Adair Street Address City Barrington Director Name Street Address City in the Department of State. Changes of this report, including any acconditions of the correct.	State  State  State  require filing Form 64  mpanying schedul	Zip Zip Zip and
Street Address  City East Prov  Director Name Heather  Street Address  City Barning for  9. Registered Agent in Rhode Islan  Under penalty of perjury, I declar statements, and that all statements	State Plant State	Zip S currently of record I have examined rein are true and	Director Name Adair Street Address City Barrington Director Name Street Address City in the Department of State. Changes of this report, including any acconditions of the correct.	State  State  State  require filing Form 64  mpanying schedul	Zip Zip
Street Address  City East Prov  Director Name  Heather  Street Address  City Barning for  9. Registered Agent in Rhode Islan  Under penalty of perjury, I declar statements, and that all statement  This report must be signed by either the Pres  Name of Officer/Authorized Repres	State Plants on the state of th	Zip S currently of record I have examined rein are true and	Director Name Adair Street Address City Barrington Director Name Street Address City in the Department of State. Changes of this report, including any acconditions of the correct.	State  State  State  require filing Form 64  mpanying schedulative, Receiver or Trus	Zip Zip
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148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov