



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000314237

**2. Name of Corporation** Try CAPS Creative Art and Problem Solving Program

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 27 SIMS AVENUE  
2ND FLOOR  
City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROVIDE, CREATIVE ART EXPERIENCES, PROBLEM SOLVING SKILLS, POSITIVE YOUTH DEVELOPEMENT AND OUT REACH TO UNDERSERVED AND DISADVANTAGED YOUTH, AGES 10 TO 15

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ZINA M BROWN	25 GILLEN 65 GILLEN STREET, RI 02904 USA
SECRETARY	JENNIFER RIVAS	11 VICTORIA STREET PROVIDENCE, RI 02909 USA
VICE PRESIDENT	DOROTHY L. FEILDS	25 WINCHESTER STREET PROVIDENCE, RI 02904 USA
DIRECTOR	CHRISTINE L TURNER	16 WASHINGTON STREET WARREN, RI 02860 USA
DIRECTOR	CELESTE F. THOMASON	66 BANCROFT STREET PROVIDENCE, RI 02909 USA
DIRECTOR	DANA DERISIER	69 PHEBE STREET PROVIDENCE, RI 02909 USA
DIRECTOR	SYLVIO GARIO	55 OUTLOOK AVENUE E.PROVIDENCE, RI 02914 USA
DIRECTOR	VANESSA IRVING	52 AGNES STREET #2 E. PROVIDENCE, RI 02914 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PHYLLIS BOCAGE 221 WHITFORD AVENUE PROVIDENCE , RI 02908

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 27 Day of August, 2020 at 11:47:58 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By CELESTE F. THOMASON  
Signature of Authorized Person

Form No. 631  
Revised 09/07