



State of Rhode Island

## 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

SEP 21 2020

BY

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4998 DS

1. Entity ID Number 000125245		2. Exact name of the Corporation Rhode Island- Black Data Processing Associates			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To accumulate a pool of information technology knowledge and business expertise to strengthen the expertise of minority members of the information technology community.			
4. NAICS Code 541512					
6. Principal Office Address P.O. BOX 27617		City Providence		State RI	Zip 02907
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Tiffany Wiggins			Vice-President Name		
Street Address 92 Rounds Ave			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name Arthur Hopper		
Street Address			Street Address 133 Ledge Street		
City	State	Zip	City Providence	State RI	Zip 02904
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 Tyrah Wiggins			Director Name Jeanette H James		
Street Address 92 Rounds Ave			Street Address 92 Rounds Ave		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Tailynn McCarthy			Director Name		
Street Address 92 Rounds Ave			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Tiffany Wiggins				Date 09/08/2020	
Signature of Officer/Authorized Representative 					

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