



**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. 000104371

2. Name of Corporation Urban Ventures, Inc.

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



541611

4. Principal Office Address

No. and Street: 807 BROAD STREET, OFFICE 246
BOX 29

City or Town: PROVIDENCE

State: RI Zip: 02907 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO FOSTER THE GROWTH OF BUSINESSES THROUGH A MULTI-TENANT, MIXED-USE FACILITY SERVING COMPANIES

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island

Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAIME AGUAYO	86 DORY ROAD WARWICK , RI 02886 USA
TREASURER	ADAM DIAZ	1604 BROAD ST. CRANSTON, RI 02905 USA
SECRETARY	ANDREW CAGEN	PO BOX 41604 PROVIDENCE, RI 02940 USA
VICE PRESIDENT	JULIUS KOLAWOLE	280 MELROSE ST. PROVIDENCE, RI 02907 USA
EXECUTIVE DIRECTOR	RON CROSSON	191 DUDLEY ST. PROVIDENCE, RI 02905 USA
DIRECTOR	ROBERT FAY	78 STATE ST. BRISTOL, RI 02809 USA
DIRECTOR	SOLANGE LOPES	481 BUCHANAN ST. PAWTUCKET, RI 02860 USA
DIRECTOR	DR.EDWARD MAZZE	52 HORIZON DR. SAUNDERSTOWN, RI 02874 USA
DIRECTOR	HELEN MORALES	12 ATTILA ST. PROVIDENCE, RI 02919 USA
DIRECTOR	JUAN M. PICHARDO	229 ATLANTIC AVE. PROVIDENCE, RI 02907 USA
DIRECTOR	DR.CHON MENG WONG	42 MOSHASSUCK RD. LINCOLN,, RI 02865 USA

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

CASBY HARRISON. III 807 BROAD STREET, SUITE 100 PROVIDENCE , RI 02907

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

Signed this 11 Day of March, 2021 at 4:42:44 PM 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 RON CROSSON
Signature of Authorized Person

Form No. 631
Revised 09/07