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: 2021

1. Corporate ID No. 001237660

2. Name of Corporation Center for Reconciliation

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

813110

4. Principal Office Address

No. and Street: 275 NORTH MAIN STREET
City or Town: PROVIDENCE State: RI Zip: 02903 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

THE CENTER FOR RECONCILIATION FOSTERS INTER-RACIAL RECONCILIATION THROUGH PROGRAMS THAT ENGAGE EDUCATE AND INSPIRE TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW, AND NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THE CORPORATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES

NOT PERMITTED TO BE CARRIED ON BY A CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3).

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	W. NICHOLAS KNISELY	120 COLD SPRING RD. N. KINGSTOWN, RI 02852 USA
SECRETARY	MR. JAMES DEWOLF PERRY	14 HIGH ST. WESTBOROUGH, MA 01581 USA
TREASURER	DR. ROBERT NAPARSTEK	10 W. CUSHING STREET PROVIDENCE, RI 02906 USA
VICE PRESIDENT	DAVID A. AMES	130 SLATER STREET PROVIDENCE, RI 02906 USA
DIRECTOR	SIRLEAF BOMBA	216 HOPE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	REV. MICHAEL HORVATH	P.O. BOX 1050 BRISTOL, RI 02809 USA
DIRECTOR	REV. PATRICK CAMPBELL	655 HOPE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	SARAH MACK	70 ORCHARD AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	THE RT. REV. DR. JEFFREY A. WILLIAMS	1860 WESTMINSTER ST. PROVIDENCE, RI 02909 USA
DIRECTOR	DR. FERDINAND JONES	229 MEDWAY ST. APT. 201 PROVIDENCE, RI 02906 USA
DIRECTOR	FARID ANSARI	68 ANTHONY AVENUE PROVIDENCE, RI 02909 USA
DIRECTOR	JOSEPH WILSON	24 KENYON STREET PROVIDENCE, RI 02903 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

JOAN T. DECELLES 275 NORTH MAIN STREET PROVIDENCE , RI 02903

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

Signed this 3 Day of June, 2021 at 10:19:49 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 JOAN T. DECELLES
Signature of Authorized Person

Form No. 631
Revised 09/07