**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.** 000541067

**2. Name of Corporation** Rhode Island Dream Center

**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

624210

**4. Principal Office Address**

No. and Street: 330 PARK AVENUE
City or Town: CRANSTON State: RI Zip: 02905 Country: USA

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

No. and Street: 197 NARRAGANSET AVE
APT 607
City or Town: PROVIDENCE State: RI Zip: 02907 Country: UNI

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

PROVIDE ASSISTANCE IN FOOD, CLOTHING, SHELTER, EDUCATION,CAREER DEVELOPMENT, LIFE SKILLS AND HEALTH CARE THROUGH FAITH BASED MINISTRIES,

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | RAMONA BROWN | 52 MILL ST<br>CRANSTON, RI 02905 USA |
| TREASURER | TONI M MORSE | 940 QUAKER LANE, APT 607<br>EAST GREENWICH, RI 02818 USA |
| VICE PRESIDENT | CHARLES JOHNSON | 240 PIPPIN ORCHARD RD<br>CRANSTON, RI 02921 USA |
| DIRECTOR | DAVID MARQUARD | 665 GEORGE WASHINGTON HWY<br>LINCOLN, RI 02865 USA |
| DIRECTOR | CHARLES JOHNSON | 240 PIPPIN ORCHARD RD<br>CRANSTON, RI 02921 USA |
| DIRECTOR | SHARON COGEAN | 197 NARRAGANSET AVE<br>PROVIDENCE, RI 02907 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**

RAMONA BROWN 330 PARK AVENUE CRANSTON , RI 02905

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

**Signed this 8 Day of June, 2021 at 6:51:51 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 TONI M MORSE
Signature of Authorized Person

Form No. 631
Revised 09/07