



**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. 001701601

2. Name of Corporation Public Safety Special Needs Coalition

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. Principal Office Address

No. and Street: 51 HOPE ST.
City or Town: LINCOLN State: RI Zip: 02865 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

PUBLIC SAFETY SPECIAL NEEDS COALITION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MORE SPECIFICALLY, PUBLIC SAFETY SPECIAL NEEDS COALITION IS DEDICATED TO PROVIDING EDUCATION AND RESOURCES RELATED TO

SAFETY
AND WELLNESS FOR INDIVIDUALS WITH SPECIAL NEEDS AND THEIR FAMILIES.

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
INCORPORATOR	CHRIS TARDIE	PO BOX 274 ALBION, RI 02802 USA
INCORPORATOR	ANDREW JACQUES	24 KAREN ANN DR. SMITHFIELD, RI 02917 USA
INCORPORATOR	JONATHON SEXTON	21 ANNA AVE. CUMBERLAND, RI 02864 USA
INCORPORATOR	ALICIA EAD	1 MARIA ST. LINCOLN, RI 02865 USA
INCORPORATOR	CHARLES KARBOSKI	51 HOPE ST. LINCOLN, RI 02865 USA
DIRECTOR	ALICIA EAD	1 MARIA ST. LINCOLN , RI 02865 USA
DIRECTOR	CHARLES KARBOSKI	51 HOPE ST. LINCOLN , RI 02865 USA
DIRECTOR	CHRIS TARDIE	PO BOX 274 ALBION, RI 02802 USA
DIRECTOR	ANDREW JACQUES	24 KAREN ANN DR. SMITHFIELD, RI 02917 USA
DIRECTOR	JONATHON SEXTON	21 ANNA AVE. CUMBERLAND, RI 02864 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

CHARLES KARBOSKI 51 HOPE ST. LINCOLN , RI 02865

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

Signed this 16 Day of June, 2021 at 1:29:16 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 CHARLES P KARBOSKI
Signature of Authorized Person

