



**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.** 001678430

**2. Name of Corporation** Providence DSA

**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: 23 PEACE TRAIL  
City or Town: SMITHFIELD State: RI Zip: 02917 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**

THIS CORPORATION IS ORGANIZED TO PROMOTE SOCIAL WELFARE WITHIN THE MEANING OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE OF 1986, AS NOW ENACTED OR HEREAFTER AMENDED (HEREINAFTER, "THE CODE"). IN PURSUIT OF THIS PURPOSE, THE CORPORATION SHALL SEEK TO FACILITATE THE TRANSITION TO A TRULY DEMOCRATIC AND SOCIALIST SOCIETY, ONE IN WHICH THE MEANS/RESOURCES OF PRODUCTION ARE DEMOCRATICALLY AND SOCIALLY CONTROLLED .

**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.**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT    | DANIEL T CROWELL                                      | 23 PEACE PIPE TRAIL<br>SMITHFIELD, RI 02917 USA                   |
| TREASURER    | DAVID RAILEANU  | 165 POWER ST. UNIT 4<br>PROVIDENCE, RI 02906 USA                  |
| DIRECTOR     | KINVERLY DICUPE                                       | 560 PROSPECT ST. APT. 44<br>PAWTUCKET, RI 02860 USA               |
| DIRECTOR     | DANIEL T CROWELL                                      | 23 PEACE PIPE TRAIL<br>SMITHFIELD, RI 02917 USA                   |
| DIRECTOR     | ALEXANDER MORASH                                      | 148 BROADWAY<br>PROVIDENCE, RI 02903 USA                          |
| DIRECTOR     | CAMILLE SHEA  | 8 ANDREWS ST<br>PROVIDENCE, RI 02909 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**

DANIEL CROWELL 23 PEACE PIPE TRAIL SMITHFIELD , RI 02917

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

**Signed this 26 Day of June, 2021 at 6:21:07 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 DANIEL CROWELL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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