



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 28 2021

BY 288 DS

1. Entity ID Number <u>69891</u>		2. Exact name of the Corporation <u>VIRGINIA ASSOCIATION OF RHODE ISLAND</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>NONPROFIT ACTIVITIES</u>	
4. NAICS Code <u>813119</u>			
6. Principal Office Address <u>27 MAXWELL STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02907</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>MARTHA MOORE</u>		Vice-President Name <u>ISAAC DENNIS</u>	
Street Address <u>27 MAXWELL STREET</u>		Street Address <u>100 AURITER STREET</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02880</u>	
Secretary Name <u>ANTIONETTE KAI</u>		Treasurer Name <u>ALFRED YARKIEH</u>	
Street Address <u>60 CLAY STREET</u>		Street Address <u>95 BENEDICT STREET</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02880</u>		Zip <u>02907</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>CHRIS BROOKS</u>		Director Name <u>IONIA D. LATHROBE</u>	
Street Address <u>18 BURNS STREET</u>		Street Address <u>16 GEMINI DRIVE</u>	
City <u>N. PROVIDENCE</u>	State <u>RI</u>	City <u>EAST PROV.</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02914</u>	
Director Name <u>NATHAN BIAH</u>		Director Name <u>HENRIETTA JETT</u>	
Street Address <u>120 METCALF STREET</u>		Street Address <u>29 MAXWELL STREET</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02907</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>ALFRED YARKIEH</u>			Date <u>6-24-21</u>
Signature of Officer/Authorized Representative <u>ALFRED YARKIEH</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov