



Department of State - Business Services Division

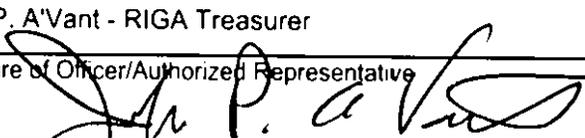
Annual Report for the year: **2021**
 Non-Profit Corporation

Amended

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

2021 JUN 29 A 10:43

1. Entity ID Number 001672095		2. Exact name of the Corporation Rhode Island Guardians Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island RI Guardians Association is a non-profit (501c3) minority police organization. The organization's vision is the result of retired and active members of color coming together to , resolve many historical issues involving law enforcement and communities of color.			
4. NAICS Code 813319 - Other Social Advocac <input type="checkbox"/>					
6. Principal Office Address P.O. Box 113854		City North Providence	State RI	Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nina Bliss		Vice-President Name John Carvalho			
Street Address 47 Anderton Avenue		Street Address 12 Ansel Avenue			
City North Providence	State RI	Zip 02904	City Providence	State RI	Zip 02907
Secretary Name Kyana Williams		Treasurer Name John P. A'Vant			
Street Address 41 North Elmore Avenue		Street Address 29 Mark Drive			
City Providence	State RI	Zip 02911	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nina Bliss		Director Name John Carvalho			
Street Address 47 Anderton Avenue		Street Address 12 Ansel Avenue			
City North Providence	State RI	Zip 02904	City Providence	State RI	Zip 02907
Director Name John P. A'Vant		Director Name			
Street Address 29 Mark Drive		Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative John P. A'Vant - RIGA Treasurer				Date 6/29/2021	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 29 2021
 BY CR 10:43



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

June 29, 2021 10:43 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

