



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

JUL 02 2021

BY 8 1003

1. Entity ID Number <b>000125245</b>		2. Exact name of the Corporation <b>Rhode Island- Black Data Processing Associates</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To accumulate a pool of information technology knowledge and business expertise to strengthen the expertise of minority members of the information technology community.			
4. NAICS Code <b>541512</b> <input type="checkbox"/>					
6. Principal Office Address PO BOX 27617			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jeanette James</b>			Vice-President Name <b>Tiffany Wiggins</b>		
Street Address <b>92 Rounds Ave</b>			Street Address <b>92 Rounds Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name			Treasurer Name <b>Arthur Hopper</b>		
Street Address			Street Address <b>133 Ledge St</b>		
City	State	Zip	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Tyrah Wiggins</b>			Director Name <b>Tailynn McCarthy</b>		
Street Address <b>92 Rounds Ave</b>			Street Address <b>92 Rounds Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>Jeanette James</b>			Director Name		
Street Address <b>92 Rounds Ave</b>			Street Address		
City <b>Providence</b>	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Tiffany Wiggins</b>				Date <b>06/17/2021</b>	
Signature of Officer/Authorized Representative 					