



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.

STAMP

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

2021 JUL -8 A.H. 21

1. Entity ID Number <u>000154165</u>		2. Exact name of the Corporation <u>The Red Wind</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Providing Services + Protection to Survivors of Domestic Minor Sex Trafficking</u>	
4. NAICS Code			
6. Principal Office Address <u>6 Homestead Road</u>		City <u>Wood River Jct</u>	State <u>RI</u>
		Zip <u>02894</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Bella Noka</u>		Vice-President Name <u>Chastity Machado</u>	
Street Address <u>6 Homestead Road</u>		Street Address <u>1340 Broad Rock Road</u>	
City <u>Wood River Jct</u>	State <u>RI</u>	City <u>Peacedale</u>	State <u>RI</u>
Zip <u>02894</u>		Zip <u>02879</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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>Bella Noka</u>		Director Name <u>Chastity Machado</u>	
Street Address <u>6 Homestead Road</u>		Street Address <u>1340 Broad Rock Road</u>	
City <u>Wood River Jct</u>	State <u>RI</u>	City <u>Peacedale</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
Director Name <u>Chastity Machado</u>		Director Name	
Street Address <u>318 Church Street</u>		Street Address	
City <u>Wood River Jct</u>	State <u>RI</u>	City	State
Zip <u>02879</u>		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.			
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>Bella Noka</u>			Date <u>7-8-21</u>
Signature of Officer/Authorized Representative			

FILED C

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

JUL 08 2021

BY CM 6D2FQ
11/21

FORM 631 - Revised: 08/2020