RI SOS Filing Number: 202199379710 Date: 7/15/2021 4:00:00 PM

State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year: Non-Profit Corporation

2021

→ Filing period. June 1 - June 30

→ Filing Fee. \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30

	JUL	15	2021	
BY.		<u>M</u>	<u>st</u>	
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1. Entity ID Number	2. Exact name of the Corporation							
1704710	Street Sights ·							
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island							
RI	Strret Sights is a monthly 501 c 3 newsprer designed as a forum for advocates, homeless or							
4 NAICS Code	formerly homeless indivuals and the general public							
813319 Other Social Advoca								
6. Principal Office Address			City	State	Zip			
20 Channing Street			Warwick	RI 02889	02889			
7. List ALL officers (names and add	resses)	. "		heck the box to indica	ite an attachment 🔲			
President Name Ralph C. Davis			Vice-President Name Jennie D'Tomasso					
Street Address 20 Channing Street			Street Address 10 Pleasant View Drive					
City Warwick	State RI	<sup>Zıp</sup> 02889	City N Providence	State RI	<sup>Zip</sup> 02904			
Secretary Name Peder Schaefer			Treasurer Name Albert Turner Jr					
Street Address 160 Irving Ave			Street Address 160 Warwick Avenue					
City Providence	State RI	<sup>Zip</sup> 02906	City Cranston	State RI	<sup>Zıp</sup> 02910			
8. List ALL directors (names and ac	idresses). RI Corp	porations MUST		haali thii haii ta iadiaa	-			
Director Name Ralph C. Davis	<u> </u>		Check the box to indicate an attachment Unrector Name Albert Turner Jr					
Street Address 20 Channing St			Street Address 160 Warwick Avenue					
<sup>City</sup> Warwick	State RI	<sup>7<sub>1</sub>p</sup> 02889	City Cranston	State RI q	<sup>Z<sub>i</sub>р</sup> 02910			
Director Name John Lombardi Es	q		Director Name Jennie D'Tomasso					
Street Address 225 Broadway			Street Address 10 Pleasant View Drive					
City Providence	State RI	<sup>Zip</sup> 02903	City N Providence	State RI	Zip 02904			
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 Pres	ident, Vice-President	Secretary, Assistant S	Secretary: Treasurer, duty Authorized Represer	ntative Receiver or Trust	'ee			
Name of Officer/Authorized Repres		Date						
Ralph C. Davis		7/12/21						
Signature of Officer/Authorized Representative								

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

Phone: (401) 222-3040 Website: www.sos.ri.gov