



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year:
Non-Profit Corporation

2021

JUL 15 2021

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

1. Entity ID Number 1704710		2. Exact name of the Corporation Street Sights			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Street Sights is a monthly 501 c 3 newspaper designed as a forum for advocates, homeless or formerly homeless individuals and the general public			
4. NAICS Code 813319 Other Social Advocacy					
6. Principal Office Address 20 Channing Street			City Warwick	State RI 02889	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate 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	Zip 02889	City N Providence	State RI	Zip 02904
Secretary Name Peder Schaefer			Treasurer Name Albert Turner Jr		
Street Address 160 Irving Ave			Street Address 160 Warwick Avenue		
City Providence	State RI	Zip 02906	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Ralph C. Davis			Director Name Albert Turner Jr		
Street Address 20 Channing St			Street Address 160 Warwick Avenue		
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02910
Director Name John Lombardi Esq			Director Name Jennie D'Tomasso		
Street Address 225 Broadway			Street Address 10 Pleasant View Drive		
City Providence	State RI	Zip 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 President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Ralph C. Davis				Date 7/12/21	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
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