



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001686349

2. Name of Corporation Rhode Islanders for Good Government

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 10 CHARLES STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE PURPOSE OF THE CORPORATION IS TO PROMOTE GOVERNMENT
TRANSPARENCY AND BEST PRACTICES, AND TO CARRY ON ANY OTHER LAWFUL
BUSINESS FOR WHICH NON-PROFIT CORPORATIONS MAY BE INCORPORATED
UNDER THE R.I. NONPROFIT CORPORATION ACT, AS MAY BE AMENDED FROM TIME
TO TIME, AND EXPRESSLY SUBJECT TO ANY FURTHER/ADDITIONAL REQUIREMENTS
AND/OR RESTRICTIONS PURSUANT TO THE IRS 501(C) STATUS NOW OR HEREAFTER
GRANTED TO THE CORPORATION.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	JONATHAN DUFFY	10 CHARLES STREET PROVIDENCE, RI 02906 USA
DIRECTOR	CATHERINE CROMWELL	649 HOPE STREET BRISTOL, RI 02809 USA
DIRECTOR	ANDREW ROOS	40 DIVISION STREET EAST GREENWICH, RI 02818 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KAS R. DECARVALHO, ESQ. NORTHWOODS OFFICE PARK 1301 ATWOOD AVENUE, SUITE 215 N
JOHNSTON , RI 02919

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of July, 2021 at 3:04:29 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KAS R. DECARVALHO
Signature of Authorized Person

Form No. 631
Revised 09/07

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