



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2021
 Non-Profit Corporation

2021 SEP 21 AM 10:26

- 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 646888		2. Exact name of the Corporation The Alliance for Safe Communities	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Victim Advocacy, Education, Research, Lobby/legislation, Liason Media Law Enforcement Communities in Rhode Island	
4. NAICS Code 813319			
6. Principal Office Address 151 Farmington Ave Apt #12		City Cranston	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Carolyn Medeiros		Vice-President Name Maria Piccirillo	
Street Address 151 Farmington Ave Apt #12		Street Address 95 Frederick St	
City Cranston	State RI	City Warwick	State RI
Zip 02920		Zip 02888	
Secretary Name Joe Bernstein		Treasurer Name Carolyn Medeiros	
Street Address 98 Aidmore St		Street Address 151 Farmington Ave Apt #12	
City Providence	State RI	City Cranston	State RI
Zip 02908		Zip 02920	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Carolyn Medeiros		Director Name Joe Bernstein	
Street Address 151 Farmington Ave Apt #12		Street Address 98 Aidmore St.	
City Cranston	State RI	City Providence	State RI
Zip 02920		Zip 02908	
Director Name Maria Piccirillo		Director Name Debbie Martino	
Street Address 95 Frederick St		Street Address 205 Clarence St.	
City Warwick	State RI	City Providence	State RI
Zip 02888		Zip 02909	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Carolyn Medeiros			Date 5/26/21
Signature of Officer/Authorized Representative <i>Carolyn Medeiros</i>			

MAIL TO:
 Division of Business Services

FILED **C**
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 BY **CL MBKCR**
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