RI SOS Filing Number: 2021 [redacted] ate: 10/25/2021 4:00:00 PM

State of Rhode Island
Department of State - Business S[redacted]Division

FILED
OCT 25 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000120580	**Rekindling the Dream Foundation**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Gathers private support to enhance the opportunities provided to the youth in Providence Public Schools
4. NAICS Code: 813211 - Grantmaking Found	

6. Principal Office Address	City	State	Zip
797 Westminster Street	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Javier Montanez			Vice-President Name: Nicholas Hemond		
Street Address: 797 Westminster Street			Street Address: 797 Westminster Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	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: Scott Barr			Director Name: Stephanie Federico		
Street Address: 797 Westminster Street			Street Address: 797 Westminster Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name: David Ellison			Director Name: Charles Ruggerio		
Street Address: 797 Westminster Street			Street Address: 797 Westminster Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

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	Date
Javier Montañez	10/18/21

Signature of Officer/Authorized Representative

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

FORM 631 - Revised: 08/2020