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

FILED
OCT 27 2021
AL 1251

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
793794	Billy Taylor House
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To support the people of Mount Hope in honor of Billy Taylor
4. NAICS Code: 624110 - Child and Youth Ser	

6. Principal Office Address	City	State	Zip
185 Camp Street	Providence	RI	02906

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

President Name: James Montiero			Vice-President Name: Alexis Morales		
Street Address: 16 Duncan Avenue			Street Address: 185 Camp Street		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906
Secretary Name: Marcus Lopes			Treasurer Name: David Holley		
Street Address: 185 Camp Street			Street Address: 185 Camp Street		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: **Rochelle Lee**			Director Name: Mark Gonsalves		
Street Address: 185 Camp Street			Street Address: 185 Camp Street		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906
Director Name: Alexis Morales			Director Name: **Stanley Alston**		
Street Address: 185 Camp Street			Street Address: **185 Camp Street**		
City: Providence	State: RI	Zip: 02906	City: **Providence**	State: **RI**	Zip: **02907**

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	Date
James Montiero	

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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: 06/2019