State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 DEC -8 A 9:35

Annual Report for the year: AMENDED 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
001704710	Street Sights
3. State of Incorporation: State RI	5. Brief description of the character of business conducted in Rhode Island: Street Sights is a monthly newspaper that serves as a forum for advocate, homeless and formerly homeless people, students, state officials and the general public to share accurate and honest informationa about issues related to homelessness.
4. NAICS Code: 813319 - Other Social Advoca	

6. Principal Office Address	City	State	Zip
162 Orms St	Providence	RI	02908

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

President Name: Janice Luongo			Vice-President Name: Jennie D;Tomasso		
Street Address: 162 Orms St			Street Address: 10 Pleasant View Dr		
City: Providence	State: RI	Zip: 02908	City: North Providence	State: RI	Zip: 02904
Secretary Name: NONE			Treasurer Name: Annmarie Simoli		
Street Address:			Street Address: 162 Orms St		
City:	State:	Zip:	City: Providence	State: RI	Zip: 02908

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

Director Name: John Lombardi,Esq			Director Name: Gail Johnson		
Street Address: 225 Broadway			Street Address: 11 Vinton Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02909
Director Name: David Eisenberger			Director Name: Jennie D'Tomasso		
Street Address: 274 Point St Apt 1			Street Address: 10 Pleasant View Dr		
City: Providence	State: RI	Zip: 02903	City: North 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	Date
Janice Luongo	December 8,2021

9:35 AM
FILED
DEC 08 2021
BY: KM

Signature of Officer/Authorized Representative: Janice Luongo

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

FORM 631 - Revised: 08/2020