



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

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- 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 001695296		2. Exact name of the Corporation Rhode Island Slave History Medallions			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MARKING the RI landscape with bronze medallions that tell the slave related history and economic development of the state			
4. NAICS Code 81331					
6. Principal Office Address 98 Kay Street		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Charles Roberts			Vice-President Name		
Street Address 98 Kay St			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
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: <input type="checkbox"/>					
Director Name NAN HERCOUX			Director Name FRED ZITMAN		
Street Address 51 Bay Ridge Dr.			Street Address 2601 NE Edgewater Dr		
City Middletown	State RI	Zip 02842	City	State	Zip
Director Name ELAINE WILLIAMS			Director Name VICTORIA JOHNSON		
Street Address 67 Kay St			Street Address 187 Union St		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative					Date 12-09-2021
Signature of Officer/Authorized Representative Charles Roberts					

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

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