

**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022**1. Corporate ID No.** 000646888**2. Name of Corporation** The Alliance for Safe Communities**3. State of Incorporation**State: RI**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319**4. Principal Office Address**No. and Street: 151 FARMINGTON AVENUE, APT. 12City or Town: CRANSTONState: RI Zip: 02920 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**PROMOTE AND ADVOCATE FOR SAFE NEIGHBORHOODS AND COMMUNITIES
THROUGHOUT RHODE ISLAND.**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CAROLYN MEDEIROS	151 FARMINGTON AVENUE, APT. 12 CRANSTON, RI 02920 USA

DIRECTOR	DEBBIE MARTINO	205 CLARENCE ST PROVIDENCE, RI 02920 US
DIRECTOR	MARIA PICCIRILLO	95 FREDRICK STREET WARWICK, RI 02888 USA
DIRECTOR	JOE BERNSTEIN	98 ARDMOUR ST PROVIDENCE, RI 02828 US

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CAROLYN MEDEIROS 151 FARMINGTON AVENUE, APT. 12 P.O. BOX 8616 CRANSTON , RI 02920

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of April, 2022 at 2:49:18 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CAROLYN MEDEIROS
Signature of Authorized Person

Form No. 631
Revised 09/07

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