



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2023**

Non-Profit Corporation

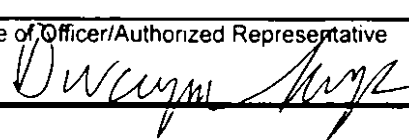
→ Filing period February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 FEB -8 PM 2:00

1. Entity ID Number <b>001674362</b>		2. Exact name of the Corporation <b>SOUTH PROVIDENCE NEIGHBORHOOD ASSOCIATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>Facilitate community inclusiveness, sustainability, awareness, investment, and involvement in South Providence in order to promote a safe, multicultural, diverse</b>			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address <b>391 PINE ST UNIT 3</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DWAYNE KEYS</b>			Vice-President Name		
Street Address <b>391 PINE ST UNIT 3</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>EVA AGUDELO</b>			Treasurer Name <b>RON CROSSON</b>		
Street Address <b>389 PINE ST</b>			Street Address <b>191 DUDLEY ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DWAYNE KEYS</b>			Director Name <b>EVA AGUDELO</b>		
Street Address <b>391 PINE ST UNIT 3</b>			Street Address <b>389 PINE ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>RON CROSSON</b>			Director Name		
Street Address <b>191 DUDLEY ST</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <b>DWAYNE KEYS</b>				Date <b>2/3/2023</b>	
Signature of Officer/Authorized Representative 					

FILED

## MAIL TO:

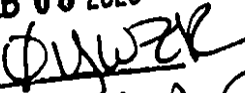
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 08 2023

BY 

A.A. 2:04 PM.

FORM 631 - Revised: 2/2023