



RI SOS Filing Number: 202327922700 Date: 2/8/2023 2:02:00 PM

State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021

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 1, 2023 FEB - 8 PM 2:00

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|   |          |   |                              |                   |              |
|---|----------|---|------------------------------|-------------------|--------------|
| 1. Entity ID Number<br>001674362  |          | 2. Exact name of the Corporation<br>SOUTH PROVIDENCE NEIGHBORHOOD ASSOCIATION   |                              |                   |              |
| 3. State of Incorporation<br>RHODE ISLAND   |          | 5. Brief description of the character of business conducted in Rhode Island<br>Facilitate community inclusiveness, sustainability, awareness, investment, and involvement in South Providence in order to promote a safe, multicultural, diverse, vibrant neighborhood along with carefully planned social, economic, |                              |                   |              |
| 4. NAICS Code<br>813990 - Other Similar Organizat   |          |   |                              |                   |              |
| 6. Principal Office Address<br>391 PINE ST UNIT 3   |          | City<br>PROVIDENCE  |                              | State<br>RI       | Zip<br>02903 |
| 7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>  |          |   |                              |                   |              |
| President Name DWAYNE KEYS  |          |   | Vice-President Name          |                   |              |
| Street Address 391 PINE ST UNIT 3   |          |   | Street Address               |                   |              |
| City PROVIDENCE   | State RI | Zip 02903   | City                         | State             | Zip          |
| Secretary Name EVA AGUDELO  |          |   | Treasurer Name RON CROSSON   |                   |              |
| Street Address 389 PINE ST  |          |   | Street Address 191 DUDLEY ST |                   |              |
| City PROVIDENCE   | State RI | Zip 02903   | City PROVIDENCE              | State RI          | Zip 02905    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>                             |          |   |                              |                   |              |
| Director Name DWAYNE KEYS   |          |   | Director Name EVA AGUDELO    |                   |              |
| Street Address 391 PINE ST UNIT 3   |          |   | Street Address 389 PINE ST   |                   |              |
| City PROVIDENCE   | State RI | Zip 02903   | City PROVIDENCE              | State RI          | Zip 02903    |
| Director Name RON CROSSON   |          |   | Director Name                |                   |              |
| Street Address 191 DUDLEY ST  |          |   | Street Address               |                   |              |
| City PROVIDENCE   | State RI | Zip 02905   | 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<br>DWAYNE KEYS  |          |   |                              | Date<br>1/17/2023 |              |
| Signature of Officer/Authorized Representative<br>  |          |   |                              |                   |              |

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

FILED  
FEB 08 2023  
BY AA.  
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FORM 631 - Revised: 11/2021