



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

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.

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1. Entity ID Number 001674362		2. Exact name of the Corporation SOUTH PROVIDENCE NEIGHBORHOOD ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island 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 813990 - Other Similar Organizat					
6. Principal Office Address 391 PINE ST UNIT 3			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative DWAYNE KEYS					Date 1/17/2023
Signature of Officer/Authorized Representative 					

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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