



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2023

→ 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 10 P 3:17

1. Entity ID Number <u>001695296</u>		2. Exact name of the Corporation <u>R.I. Slave History Medallions</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Statewide Historical Awareness Programs</u> <u>MARKING the RI landscape with slave related</u> <u>history programs - BPOC</u>	
4. NAICS Code <u>813311</u>			
6. Principal Office Address <u>98 Kay St</u>		City <u>Newport</u>	State <u>RI</u> Zip <u>02840</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Charles Roberts</u>		Vice-President Name <u>Jeannette Bessinger</u>	
Street Address <u>98 Kay St</u>		Street Address <u>8 Caswell Ave</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u> Zip <u>02840</u>
Secretary Name <u>Sandra Flowers</u>		Treasurer Name <u>ACTING - MARGARET BAKER</u>	
Street Address		Street Address	
City	State	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 <u>MARGARET BAKER</u>		Director Name <u>GIANNA SULLIVAN</u>	
Street Address <u>98 Kay St</u>		Street Address <u>90 Roseveath Ave</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u> Zip <u>02840</u>
Director Name <u>SANDRA FLOWERS</u>		Director Name	
Street Address <u>16 Keeher Ave</u>		Street Address	
City <u>Newport</u>	State <u>RI</u>	City	State Zip
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.			
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 <u>Charles Roberts</u>		Date <u>02-10-2023</u>	
Signature of Officer/Authorized Representative 		FILED	