



**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: 2023

1. Corporate ID No. 000081414

2. Name of Corporation AIDS Quilt Rhode Island

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: 108 CHAMPLIN PLACE NORTH

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO USE THE AIDS MEMORIAL QUILT TO PROMOTE HEALING, HEIGHTEN
AQWARENESS AND INSPIRE ACTION IN THE STRUGGLE AGAINST HIV AND AIDS

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	RUSSELL OWENS MILHAM	108 CHAMPLIN PLACE N. NEWPORT, RI 02840 USA
SECRETARY	BETH PAUL MILHAM	108 CHAMPLIN PLACE NORTH NEWPORT, RI 02840 USA
DIRECTOR	CARL FERREIRA	4241 COUNTY ST. SOMERSET, MA 02726 USA
DIRECTOR	SHERRILL WARCH	7 AQUIDNECK DR. MIDDLETOWN, RI 02842 USA
DIRECTOR	VERONICA MAYS	2032 EAST MAIN RD PORTSMOUTH, RI 02871 USA

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

BETH MILHAM 108 CHAMPLIN PLACE NORTH NEWPORT , RI 02840

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

Signed this 21 Day of February, 2023 at 2:49:32 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 BETH PAUL MILHAM
Signature of Authorized Person

Form No. 631
Revised 09/07

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