



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  
J. P. SERVICES  
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1. Entity ID Number 001666104		2. Exact name of the Corporation Sankofa Community Connection			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To increase pride of place within the African American Community of Newport County, through a community-led initiative with 3 main focus areas: 1. Community events and gatherings to increase our social cohesion 2.			
4. NAICS Code 813319					
6. Principal Office Address 2 Broadway			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Ellen Pinnock			Vice-President Name		
Street Address 2 Broadway			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Melanie McKinney			Treasurer Name		
Street Address 2 Broadway			Street Address		
City Newport	State RI	Zip 02840	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 Ellen Pinnock			Director Name Susan Kenny		
Street Address 2 Broadway			Street Address 2 Broadway		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Hakim Coggins			Director Name Amy McKinney		
Street Address 2 Broadway			Street Address 2 Broadway		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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 J. Niko Merritt				Date 07APR23	
Signature of Officer/Authorized Representative 					

FILED

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BY

A.A.  
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