

State of Rhode Island

## **Department of State - Business Services Division**

Annual	Repo	rt for 1	the	year:
Non De	ofit C	SPRAFS	tio	n

2023

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2.1. TEPT, OF STATE (1).

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

- 71 charty. Additional \$20.00 feet in form to the meet of the party of		2023 APR 17 P 12: 31			
1. Entity ID Number	2. Exact name of the Corporation				
001733520		een			
3. State of Incorporation	5. Brief description of the character	of business conducted in Rhode Isla	nd ,		
$\mathcal{R}$ 7	Indigenous	ed and commun	ity based		
4. NAICS Code	environ mente	djustice work	for restoring		
812990	the balance-	for Mother East	h		
6. Principal Office Address	^ \\	city	State		
185 (amp 5+ )	2 NO +1001	Providence	KJ 02906		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name R Noka		Vice-President Name Bettran			
Street Address	and floor	Street Address Comp S	and floor		
Trovidence	State 7 2192906	Providence	STAR 7 33996		
Sepretary Name  CONSIDE LEE		Treasurer Name  OV OF DUMP	·		
Street Address	and floor	Street Address Com D S	and theor		
on Providence	State 2 200 2906	Cin Povidence	state Zip 2906		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Distribution (1)	<del></del>	Director Name	1		
Director Name R. No	oka	Hotonio Del	tran		
Street Address Cowo	f and thoot	Street Address.	7 2 rol + 1007		
Providence	State 7 Zip 2906	city Covidence	State J Zip 2906		
Director Name		Director Name  O COM	oson.		
Street Address	2rd+Cl001	Street Address	ZNOCTOOL		
cintrovidence	State Z Zip 906	Rovidence	state Zip 3906		
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative					
Kardy R. Noka President			4/17/2023		
Signature of Officer/Authorized Representative					
Landy Co Mm FILED					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 17 2023

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