



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 RI DEPT. OF STATE
 BUS SVCS
 2023 APR 17 P 12:28

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.

1. Entity ID Number 0001541165		2. Exact name of the Corporation The Red Wind	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Providing Services + Protection to Survivors of Domestic Minor/Adult Sex Trafficking	
4. NAICS Code 624230			
6. Principal Office Address 6 Homestead Road		City Wood River Jct.	State RI
		Zip 02894	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bella Noka		Vice-President Name Chastity Machado	
Street Address 6 Homestead Road		Street Address 1340 Broad Rock Rd	
City Wood River	State RI	City Peacedale	State RI
Zip 02894		Zip 02879	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Bella Noka		Director Name Chastity Machad	
Street Address 6 Homestead Road		Street Address 1340 Broad Rock Rd	
City Wood River Jct	State RI	City Wood Peacedale	State RI
Zip 02894		Zip 02879	
Director Name Chali Machado		Director Name	
Street Address 308 6 Homestead Rd.		Street Address	
City Wood River Jct	State RI	City	State
Zip 02894		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.			
<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 Bella Noka		Date 2-17-23	
Signature of Officer/Authorized Representative <i>Bella Noka</i>		FILED APR 17 2023 BY [Signature] BAVK	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov