



State of Rhode Island  
**Department of State - Business Services Division**

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 RI DEPT. OF STATE  
 BUS SVCS DIV  
 2023 APR 17 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 <b>0001541165</b>		2. Exact name of the Corporation <b>The Red Wind</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Providing Services + Protection to Survivors of Domestic Minor/Adult Sex Trafficking</b>	
4. NAICS Code <b>624230</b>			
6. Principal Office Address <b>6 Homestead Road</b>		City <b>Wood River Jct.</b>	State <b>RI</b>
		Zip <b>02894</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Bella Noka</b>		Vice-President Name <b>Chastity Machado</b>	
Street Address <b>6 Homestead Road</b>		Street Address <b>1340 Broad Rock Rd</b>	
City <b>Wood River</b>	State <b>RI</b>	City <b>Peacedale</b>	State <b>RI</b>
Zip <b>02894</b>		Zip <b>02879</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Bella Noka</b>		Director Name <b>Chastity Machado</b>	
Street Address <b>6 Homestead Road</b>		Street Address <b>1340 Broad Rock Rd</b>	
City <b>Wood River Jct</b>	State <b>RI</b>	City <b>Wood Peacedale</b>	State <b>RI</b>
Zip <b>02894</b>		Zip <b>02879</b>	
Director Name <b>Chali Machado</b>		Director Name	
Street Address <b>308 6 Homestead Rd.</b>		Street Address	
City <b>Wood River Jct</b>	State <b>RI</b>	City	State
Zip <b>02894</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Bella Noka</b>		Date <b>2-17-23</b>	
Signature of Officer/Authorized Representative <b>Bella Noka</b>		<b>FILED</b> <b>APR 17 2023</b> <b>BY [Signature] BAVK</b>	

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