



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

Annual Report for the year: 2023  
 Non-Profit Corporation

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 MAY -1 A 9:59

- 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<br><b>001719534</b>  |                 | 2. Exact name of the Corporation<br><b>WattsNatural Tutoring</b>  |  |                    |                           |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Provide quality access to literacy development for individuals ages 6 through adulthood</b> |  |                    |                           |
| 4. NAICS Code<br><b>611110</b>   |                 |   |  |                    |                           |
| 6. Principal Office Address<br><b>10 Davol Square Unit 100</b>   |                 |   | City<br><b>Providence</b>                  | State<br><b>RI</b> | Zip<br><b>02903</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>Latoya Watts</b>   |                 |   | Vice-President Name                        |                    |                           |
| Street Address <b>22 Basswood Ave</b>  |                 |   | Street Address                             |                    |                           |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02908</b>  | City                                       | State              | Zip                       |
| Secretary Name <b>Charlotte Pelham-Nyan</b>  |                 |   | Treasurer Name <b>Heidy Arriaza-Jordan</b> |                    |                           |
| Street Address <b>14 Country View Drive</b>  |                 |   | Street Address <b>230 Academy Avenue</b>   |                    |                           |
| City <b>Johnston</b>   | State <b>RI</b> | Zip <b>02919</b>  | City <b>Providence</b>                     | State <b>RI</b>    | Zip <b>02908</b>          |
| 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>Hobert Colin Watts</b>  |                 |   | Director Name <b>Latoya Watts</b>          |                    |                           |
| Street Address <b>22 Basswood Avenue</b>   |                 |   | Street Address <b>22 Basswood Avenue</b>   |                    |                           |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02908</b>  | City <b>Providence</b>                     | State <b>RI</b>    | Zip <b>02908</b>          |
| Director Name <b>Emily Awopeju</b>   |                 |   | Director Name                              |                    |                           |
| Street Address <b>1776 Bicentennial Way</b>  |                 |   | Street Address                             |                    |                           |
| City <b>North Providence</b>   | State <b>RI</b> | Zip <b>02911</b>  | City                                       | State              | Zip                       |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                 |   |  |                    |                           |
| <i>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>        |                 |   |  |                    |                           |
| <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<br><b>Latoya A. Watts</b>  |                 |   |  |                    | Date<br><b>04/26/2023</b> |
| Signature of Officer/Authorized Representative<br>   |                 |   |  |                    |                           |

**M3 FILED 959**  
**MAY 01 2023**  
**BY TAZZS**