

FILED

MAY 01 2023

BY **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 001736867		2. Exact name of the Corporation South County Pride Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Dedicated to supporting LGBTQ+ pride in South County through community awareness/social events and educational programs.			
4. NAICS Code 813319 - Other Social Advoca					
6. Principal Office Address 23 Narragansett Avenue, Apt. 2		City Jamestown		State RI	Zip 02835
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Evan Travis			Vice-President Name Magnolia Longworth		
Street Address 152 Little Rest Road			Street Address 23 Narragansett Avenue, Apt. 2		
City Wakefield	State RI	Zip 02879	City Jamestown	State RI	Zip 02835
Secretary Name Sarah LeClaire			Treasurer Name Douglas Shapiro		
Street Address 14 Andre Avenue			Street Address 19 Teal Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Evan Travis			Director Name Magnolia Longworth		
Street Address 152 Little Rest Road			Street Address 23 Narragansett Avenue, Apt. 2		
City Wakefield	State RI	Zip 02879	City Jamestown	State RI	Zip 02835
Director Name Sarah LeClaire			Director Name Douglas Shapiro		
Street Address 14 Andre Avenue			Street Address 19 Teal Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Douglas Shapiro				Date April 27, 2023	
Signature of Officer/Authorized Representative 					