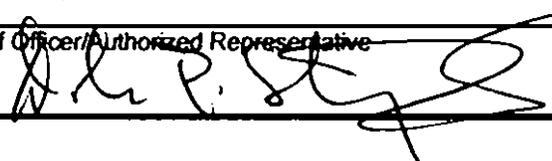


Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAY 01 2023
BY 

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 								

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615