



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 22 2023

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SECRETARY OF STATE
USE ONLY

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 001719845		2. Exact name of the Corporation ALTERNATIVES TO VIOLENCE PROJECT RHODE ISLAND, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Development and implementation of educational programs which lead to conflict resolution based on the Alternatives to Violence Project curricula			
4. NAICS Code 813319					
6. Principal Office Address 315 Olney Street			City Providence	State Rhode Island	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Howard Jenkins			Vice-President Name Marcus Mitchell		
Street Address 30 Rochambeau Avenue			Street Address 135 Abbott Street		
City Providence	State Rhode Island	Zip 02906	City Providence	State Rhode Island	Zip 02906
Secretary Name Morgan Beltre			Treasurer Name Martha McManamy		
Street Address 25 Elmgrove Av			Street Address 315 Olney Street		
City Johnston	State Rhode Island	Zip 02919	City Providence	State Rhode Island	Zip 02906
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 Howard Jenkins			Director Name Marcus Mitchell		
Street Address 30 Rochambeau Av			Street Address 135 Abbott Street		
City Providence	State Rhode Island	Zip 02906	City Providence	State Rhode Island	Zip 02906
Director Name Morgan Beltre			Director Name		
Street Address 25 Elmgrove Av			Street Address		
City Johnston	State Rhode Island	Zip 02919	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 Martha McManamy, Treasurer				Date 5/18/23	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
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