



State of Rhode Island
Department of State - Business Services Division

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.

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BUS SVCS DIV.

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1. Entity ID Number <u>00101144</u>		2. Exact name of the Corporation <u>I am moving forward</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Non-Profit: making life better with helping Peoples life to change</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>103 N MAIN ST</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Deirdre Isom</u>		Vice-President Name	
Street Address <u>408 Cumberland hill road</u>		Street Address	
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	
Secretary Name <u>Stylla Araujo</u>		Treasurer Name	
Street Address <u>408 Cumberland hill road</u>		Street Address	
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	
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 <u>James Jackson</u>		Director Name <u>Jamet T. Edgston</u>	
Street Address <u>334 Montgomery</u>		Street Address <u>17 Main Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02895</u>	
Director Name <u>Deirdre Isom</u>		Director Name <u>Taris Araujo</u>	
Street Address <u>408 Cumberland hill road</u>		Street Address <u>366 Village Road</u>	
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Deirdre Isom</u>			Date <u>6-5-23</u>
Signature of Officer/Authorized Representative <u>Deirdre Isom</u>			

FILED

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

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