RI SOS Filing Number: 202337951310 Date: 6/15/2023 2:59:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2023 1111 15 15 5 5

→ Filing period: February 1 - May 1

Filing Fee: \$20.00 em in not filled by May 31

Penalty: Additional \$25.00 fee it	ionii is not mos sy	way or.		113 P 3:	<u> 8</u>
1. Entity ID Number	2. Exact name of the Corporation				
793837	Diversity and Inclusion Professionals				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
(C.)	TO Advance the held of Drucesty's Inclusion by				
4 NAICS COMP	educations, Informing and retworking in a supportme				
Principal Office Address			City	State	Zip
Po Box 40723			Prvidence	R1	(2540
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name Kwin Matta			Vice-President Name (Coun Mouth n.S.		
Street Address 756 Quakar Cara AZOY			Street Address 1150 Douglas Dike		
Eust Greenwin	State ()\	zip 02818	smithereld	State 2	252917
Secretary Name Linda	^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Treasurer Name Malida Khim		
Street Address 45 Larch Strice +			Street Address W Memoral BIVd		
City Providence	State 2	Zip 02906	City Parillines	State,	Zip U2903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Park Talases			Director Name Jany Barstita		
Street Address- en metacon Ahenue			Street Address Exchange Street		
city Rostul	State 2	zip 02809	city Providence	State 2	202903
Director Name Guillaume Bugal			Director Name Ranco Payal		
Street Address 500 Exchange Street			Street Address 50 Amica Way		
City Druplene	State 2	zip 02903	city Lincoln	State	zip UZSOS
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					
(18 mary Houser			———————	6 [5]	23
Signature of Officer/Authorized Representative					
1 Worlden	<u> </u>	·- <u>-</u> -	JUN 1 5 2023	<u>,51</u>	
MAIL TO: Division of Business Services 148 W. River Street Providence Rhode Island 02904-2615					

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631- Revised 04/2023