



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JUL 19 P 3:04

1. Entity ID Number <u>1680341</u>		2. Exact name of the Corporation <u>A Leadership Journey</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Education Services for Youth Development</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>36 Fallon Ave</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Akeem Lloyd</u>		Vice-President Name <u>Bithia Mens</u>	
Street Address <u>36 Fallon Ave</u>		Street Address <u>314 Weeping Willow Dr</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Seneca</u>	State <u>SC</u>
Zip <u>02908</u>		Zip <u>29622</u>	
Secretary Name <u>Kaleef Lloyd</u>		Treasurer Name <u>Justin Coleman</u>	
Street Address <u>720 5 New Road</u>		Street Address <u>107 Saint Monica Ave</u>	
City <u>Absecon</u>	State <u>NJ</u>	City <u>Hartford</u>	State <u>CT</u>
Zip <u>08201</u>		Zip <u>06100</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Akeem Lloyd</u>		Director Name <u>Justin Coleman</u>	
Street Address <u>36 Fallon Ave</u>		Street Address <u>107 Saint Monica Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Hartford</u>	State <u>CT</u>
Zip <u>02908</u>		Zip <u>06100</u>	
Director Name <u>Hagar Fine</u>		Director Name	
Street Address <u>3252 Fremont Ave</u>		Street Address	
City <u>Minneapolis</u>	State <u>MN</u>	City	State
Zip <u>55408</u>		Zip	
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>Akeem Lloyd</u>			Date <u>7/19/23</u>
Signature of Officer/Authorized Representative <u>[Signature]</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

JUL 19 2023  
BY ML RYH ZG