



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2022**

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 000075914		2. Exact name of the Corporation Imperial Court of Rhode Island at Providence			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island LGBTQIA+ organization raising needed funds for other nonprofits for the community of Rhode Island			
4. NAICS Code 813219					
6. Principal Office Address 156 Leo Ave			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scot Viera			Vice-President Name David Watson		
Street Address 64 Weston Ave			Street Address 357 Bank St apt 5		
City Cranston	State RI	Zip 02920	City New London	State CT	Zip 06320
Secretary Name Blake Sherman			Treasurer Name Thomas Lavallee		
Street Address 1346 Storrs Rd Unit 4238			Street Address 37 Mawney St		
City Storrs	State CT	Zip 06259	City Providence	State RI	Zip 02907
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 Belle Pellegrino			Director Name Brian Perrico		
Street Address 400 Charles St, Apt 404			Street Address 875 South Main St		
City Providence	State RI	Zip 02904	City Bellingham	State MA	Zip 02019
Director Name Christina Sylvia			Director Name		
Street Address 161 Shawmut St			Street Address		
City Fall River	State MA	Zip 02720	City	State	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.					
<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 + Zoe Adelshtain					Date 08/08/2023
Signature of Officer/Authorized Representative 					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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