



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Jeremy Sylvia		Vice-President Name Stephen Mcguire	
Street Address 43 Gaudet St		Street Address 357 Bank St Apt 5	
City North Providence	State RI	City New London	State CT Zip 06320
Secretary Name Martin Craig		Treasurer Name Thomas Lavallee	
Street Address 23 Village Green, North, Apt A		Street Address 37 Mawney St	
City Riverside	State RI	City Providence	State RI Zip 02907
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Justin Ferris		Director Name Logan Taylor	
Street Address 43 Gaudet St		Street Address 102B Catebury Rd	
City North Providence	State RI	City Plainfield	State CT Zip 06374
Director Name Seth Goulart		Director Name	
Street Address 10 Holiday Dr		Street Address	
City Fairhaven	State MA	City	State Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 Adelstein			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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BY [Signature] 1:27