



**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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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 AUG 8 1:25

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
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	Zip 02911	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	Zip 02915	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 Justin Ferris		Director Name Logan Taylor	
Street Address 43 Gaudet St		Street Address 102B Catebury Rd	
City North Providence	State RI	Zip 02911	City Plainfield
			State CT
			Zip 06374
Director Name Seth Goulart		Director Name	
Street Address 10 Holiday Dr		Street Address	
City Fairhaven	State MA	Zip 02719	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.

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 Zoe Adelstein	Date 08/08/2023
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Signature of Officer/Authorized Representative 	FILED
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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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