



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

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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1. Entity ID Number 000968687		2. Exact name of the Corporation Rhode Island Gun Violence Education Fund Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO DEVELOP AND COMPLETE EDUCATIONAL MATERIALS & PROGRAMS RELATED TO THE HAZARDS & THE COSTS TO SOCIETY OF GUN VIOLENCE.			
4. NAICS Code 813319					
6. Principal Office Address 265 Oxford Street			City Providence	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ariana Wohl			Vice-President Name Melissa Carden		
Street Address 39 Carr Street			Street Address 10 Fairview Avenue		
City Providence	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name DIANA GARLINGTON			Treasurer Name Rich Streitfeld		
Street Address 49 WARREN AVENUE			Street Address 536 Hope Street		
City PAWTUCKET	State RI	Zip 02860	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Sydney Montstream-Quas			Director Name Juan Carter		
Street Address 265 Oxford Street			Street Address 265 Oxford Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Marlon Henry			Director Name Rosanne Zimmerman		
Street Address 265 Oxford Street			Street Address 265 Oxford Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Melissa Carden					Date 1/11/24
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 11 2024
BY **HS3VA**
PS

FORM 631- Revised: 12/2023

RHODE ISLAND GUN VIOLENCE EDUCATION INC.

Additional Directors 2024

First	Last	Address	City	State	Zip Code
VERNELL	CLOUDEN-DUVAL	265 OXFORD STREET	PROVIDENCE	RI	02905
JUAN	CARTER	265 OXFORD STREET	PROVIDENCE	RI	2905
MARLON	HENRY	265 OXFORD STREET	PROVIDENCE	RI	02905
MARGAUX	MORISSEAU	265 OXFORD STREET	PROVIDENCE	RI	02905
ROSANNE	ZIMMERMAN	265 OXFORD STREET	PROVIDENCE	RI	02905

FILED
JAN 11 2024
BY H53VA
RB