



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 08 2024

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.

1. Entity ID Number 001718749		2. Exact name of the Corporation Towards an Anti-Racist North Kingstown			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Working towards anti-racist policy reform, education and advocacy, and by working for justice and to combat all forms of discrimination			
4. NAICS Code 813319					
6. Principal Office Address 4 Hickory Dr East			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jennifer S Lima			Vice-President Name		
Street Address 4 Hickory Dr East			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Kahlia Schmerer			Treasurer Name Tracy Wilkinson		
Street Address 383 West Allenton Road			Street Address 72 Pine Tree Circle		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Jennifer S Lima			Director Name Tracy Wilkinson		
Street Address 4 Hickory Dr East			Street Address 72 Pine Tree Circle		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Kahlia Schmerer			Director Name		
Street Address 383 West Allenton Road			Street Address		
City North Kingstown	State RI	Zip 02852	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 Tracy Wilkinson				Date 6 Feb 2024	
Signature of Officer/Authorized Representative <i>Tracy Wilkinson</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov