

REC'D RIDOS BSD
 24 FEB 16 PM 3:01:57

**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.

1. Entity ID Number 001695296		2. Exact name of the Corporation RZ SLAVE History Medallions	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Statewide Historical Awareness Program marking the RZ landscape with slave related history use RISHA medallions	
4. NAICS Code 813311			
6. Principal Office Address 98 Kay ST		City Newport	State RI
		Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Charles Roberts		Vice-President Name Carlton Howard	
Street Address 98 Kay ST		Street Address 66 Ravenswood Ave	
City Newport	State RI	Zip 02840	City Providence
			State RI
			Zip 02908
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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 Margaret Baker		Director Name GIANNA SULLIVAN	
Street Address 98 Kay ST		Street Address 96 Roseneath Ave	
City Newport	State RI	Zip 02840	City Newport
			State RI
			Zip 02840
Director Name Sandra Flawers		Director Name	
Street Address 16 Keeler Ave		Street Address	
City Newport	State RI	Zip 02840	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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Charles Roberts			Date 02-16-2024
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

FEB 16 2024
BY RTAG66