RI SOS Filing Number: 202446999760 Date: 2/21/2024 4:00:00 PM

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|--|---|--------------|----------------------------------|------------|----------------------------|
| State of Rhode Island | | | | | 33 33 |
| Department of State - Business Services Division | | | | |) RI 21 |
| Annual Report for the year: 202 L | | | | | RIDOS BSD 21 PM12:55:07 |
| Non-Profit Corporation Filing period: February 1 - May 1 | | | | · |) BS 2:5 |
| Filing Fee: \$20.00 Penalty: Additional \$25.00 fee if form is not filed by May 31. | | | | | <u> </u> |
| Penalty: Additional \$25.00 fee if Entity ID Number | | | | | <u></u> |
| 001701266 | 2. Exact name of the Corporation Status Purple | | | | |
| 3. State of Incorporation | 5. Brief description of the character of business conducted in Rhode Island | | | | |
| <u> KT</u> | The Mission of Status number Elects | | | | |
| 4. NAICS Code | Nation of the only fectorally recognized Tribe | | | | |
| 0/20191) | | | | | |
| 6. Principal Office Address | 101 | | City Diversid | State D -T | Zip |
| le Homestead | Koad | | Wood River 1ct. | <u> </u> | 028 19 |
| 7. List ALL officers (names and addresses) Check the box to Indicate an attachment | | | | | |
| President Name Bella NoKa | | | Vice-President Name Sity Muchado | | |
| Street Address Homestead Road | | | Street Address 40 Broad | 1 Ruck | Road |
| City Wood River ly | State RI Zin | 2894 | cm Peacodale | StarPI | 22879 |
| | | | Treasurer Name | | |
| Street Address, Home Stand Road | | | Street Address | | |
| Ellowd River lit | State RI Zip | 12894 | 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 | | | | | |
| Director Name | | | Director Name hasty Machado | | |
| Street Address (HOMA | stad R | | Street Address 340 BC | 101 | Rd. |
| Whod River 14 | State P T Zip | 12894 | city Pracedale | State | 8989 |
| Director Name | | | Director Name | <u> </u> | |
| Street Address Street Address Street Address | | | | | |
| 97)0712 RUSEY | State DI Zig | 2894 | 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 | | | | 2-21- | 24 |
| Signature of Officer/Authorized Rep | | ka | FU ED | 2-21- | 24 |
| | | - | | | |

Website: www.sos.ri.gov

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

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FORM 631- Revised: 04/2023

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