



State of Rhode Island
Department of State - Business Services Division

REC'D - RIDGUS BSD
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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 001681348		2. Exact name of the Corporation Black Seeds Incorporated			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Social Advocacy			
4. NAICS Code 813319					
6. Principal Office Address 24 Sackett Street			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Melvin Spivey			Vice-President Name Ricardo Hopkins		
Street Address 29 Rowan Street			Street Address 51 Central Pike		
City Providence	State RI	Zip 02908	City Foster	State RI	Zip 02825
Secretary Name Joey M Johnson Sr			Treasurer Name		
Street Address 24 Sackett Street			Street Address		
City Providence	State RI	Zip 02907	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 Melvin Spivey			Director Name Ricardo Hopkins		
Street Address 29 Rowan Street			Street Address 51 Central Pike		
City Providence	State RI	Zip 02908	City Foster	State RI	Zip 02825
Director Name Joey M Johnson Sr			Director Name		
Street Address 24 Sackett Street			Street Address		
City Providence	State RI	Zip 02907	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 Joey M Johnson Sr				FILED	Date 2/25/2024
Signature of Officer/Authorized Representative <i>Joey M. Johnson Sr.</i>				FEB 29 2024	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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