



State of Rhode Island Department of State - Business Services Division

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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 <u>07692436</u>		2. Exact name of the Corporation <u>Gentlemen's Academy</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>The Gentlemen's Academy empowers young men of color to be leaders in their schools & communities by providing mentorship & meaningful experiences.</u>			
4. NAICS Code <u>624110</u>					
6. Principal Office Address <u>67 Paine Avenue</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Christian Martinez</u>			Vice-President Name		
Street Address <u>67 Paine Avenue</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City	State	Zip
Secretary Name <u>Kristina Moyet</u>			Treasurer Name		
Street Address <u>425 Laurel Hill Avenue</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	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 <u>Christian Martinez</u>			Director Name <u>Kristina Moyet</u>		
Street Address <u>67 Paine Avenue</u>			Street Address <u>425 Laurel Hill Avenue</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Director Name <u>Rick Norris</u>			Director Name <u>Matthew Farrell</u>		
Street Address <u>17 View Street</u>			Street Address <u>57 Helen Avenue</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>
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 <u>Christian Martinez</u>					Date <u>3/1/2024</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					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

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