	State of Rhode Office of the Secret		Fee: \$20.00	
	Division Of Busines	•		
	148 W. River S			
	Providence RI 029			
1636	(401) 222-30	040		
Non-Profit Corporation Annual Report Filing Period: February 1 - Ma	y 1			
In accordance with R.I.G.L. 7- annual report within the time p penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·			
ANNUAL REPORT YEAR - EN	ITER THE CURRENT YEAR 2	2024 : <u>2024</u>		
1. Corporate ID No. 0000	81414			
2. Name of Corporation <u>AIDS Quilt Rhode Island</u>				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
primary type of activity in whi	ich your entity engages. The ed on the chosen selection. If	ne classification title that describe box to the right of the dropdown f the NAICS Code is known, enter assification <u>click here.</u>	will	
NAICS Code				
<u>813319</u>				
4. Principal Office Address				
No. and Street: 108 CHAN	MPLIN PLACE NORTH			
City or Town: <u>NEWPOR</u>		State: <u>RI</u> Zip: <u>02840</u> Count	ry: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
TO USE THE AIDS MEMORIAL QUILT TO PROMOTE HEALING, HEIGHTEN				
AQWARENESS AND INSPIRE ACTION IN THE STRUGGLE AGAINST HIV AND AIDS				
6. Names and Addresses of	the Officers and Directors:			
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name	Address		

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	RUSSELL OWENS MILHAM	108 CHAMPLIN PLACE N. NEWPORT, RI 02840 USA	
SECRETARY	BETH PAUL MILHAM	108 CHAMPLIN PLACE NORTH NEWPORT, RI 02840 USA	
DIRECTOR	CARL FERREIRA	4241 COUNTY ST. SOMERSET, MA 02726 USA	
DIRECTOR	SHERRILL WARCH	7 AQUIDNECK DR. MIDDLETOWN, RI 02842 USA	
DIRECTOR	VERONICA MAYS	2032 EAST MAIN RD PORTSMOUTH, RI 02871 USA	
DIRECTOR	DAVID MARTINS	707 HIGHLAND AVE FALL RIVER, MA 02720 USA	
TREASURER	RUSSELL OWENS MILHAM	108 CHAMPLIN PLACE N. NEWPORT, RI 02840 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BETH MILHAM 108 CHAMPLIN PLACE NORTH NEWPORT , RI 02840

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 4 Day of March, 2024 at 10:02:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>BETH PAUL MILHAM</u> Signature of Authorized Pa

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved