



**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 <b>001759849</b>		2. Exact name of the Corporation <b>Restoration &amp; Redemption Social Services Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To provide resources and support for social services in a community setting to people staggered by socioeconomic inequality.</b>			
4. NAICS Code <b>621420</b>					
6. Principal Office Address <b>76 Indiana Ave</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Darrell Williams</b>			Vice-President Name <b>Jeff Lillard</b>		
Street Address <b>76 Indiana Ave</b>			Street Address <b>3219 Huron Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Kalamazoo</b>	State <b>MI</b>	Zip <b>49006</b>
Secretary Name <b>Sheree Lillard</b>			Treasurer Name <b>Jannie Williams</b>		
Street Address <b>3219 Huron</b>			Street Address <b>1129 Bretton Dr</b>		
City <b>Kalamazoo</b>	State	Zip <b>49006</b>	City <b>Kalamazoo</b>	State <b>MI</b>	Zip <b>49006</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jorge Sostre</b>			Director Name <b>Anthony Wright</b>		
Street Address <b>64 Rosella Ave</b>			Street Address <b>5212 Craggenmore Dr</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Mcleansville</b>	State <b>NC</b>	Zip <b>27301</b>
Director Name <b>Herman Falu</b>			Director Name <b>Rahsaan Hawkins</b>		
Street Address <b>70 Rugby St</b>			Street Address <b>471 Hart St Apt #2</b>		
City <b>Cranston</b>	State <b>Ri</b>	Zip <b>02910</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11221</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 					Date <b>3/4/2024</b>
Signature of Officer/Authorized Representative <b>FILED</b>					

**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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