RI SOS Filing Number: 202447960110 Date: 3/4/2024 4:00:00 PM

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## State of Rhode Island Department of State - Business Services Division

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Annual Report for the year:	2024
Non-Profit Corporation	

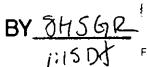
<ul> <li>→ Filing period: February 1 - May 1</li> <li>→ Filing Fee: \$20.00</li> <li>→ Penalty: Additional \$25.00 fee if</li> </ul>	form is not filed by	May 31.		8SD 15:07			
1. Entity ID Number 0017 S 9849	2. Exact name of the Corporation Restoration & Redemption Social Services Inc.						
State of Incorporation     Rhode Island     NAICS Code	5. Brief description of the character of business conducted in Rhode Island To provide resources and support for social services in a community setting to people staggered by socioeconomic inequality.						
621420			· · · · · · · · · · · · · · · · · · ·	<del>y.</del>			
6. Principal Office Address 76 Indiana Ave			City Providence	State RI	Zip 02905		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Darrell Williams			Vice-President Name Jeff Lillard				
Street Address 76 Indiana Ave			Street Address 3219 Huron Ave				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02905	<sup>City</sup> Kalamazoo	State MI	Zip 49006		
Secretary Name Sheree Lillard			Treasurer Name Jannie Williams				
Street Address 3219 Huron			Street Address 1129 Bretton Dr				
<sup>City</sup> Kalamazoo	State	<sup>Zip</sup> 49006	<sup>City</sup> Kalamazoo	State MI	<i>ฐ</i> เลียง		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment.							
Director Name Jorge Sostre			Director Name Anthony Wright				
Street Address 64 Rosella Ave			Street Address 5212 Craggenmore Dr				
City Pawtucket	State RI	<sup>Zip</sup> 02861	City Mcleansville	State NC	Zip 27301		
Director Name Herman Falu			Director Name Rahsaan Hawkins				
Street Address 70 Rugby St			Street Address 471 Hart St Apt #2				
City Cranston	State Ri	<sup>Zip</sup> 02910	<sup>City</sup> Brooklyn	State NY	7 11221		
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, Vico-President, Socretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative    Annell   Williams			'S	Date 3/4/202	7		
Signature of Officer/Authorized Representative FILED							
		WWW -	MAD IT A SHOW				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR U 4 2024



FORM 631- Revised: 12/2023