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	2. Exact name of the Corporation
001759849	Restoration & Redemption Social Services Inc.
3. State of Incorporation: Rhode Island	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.
4. NAICS Code: 621420	

6. Principal Office Address	City	State	Zip
76 Indiana Ave	Providence	RI	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		
City: Providence	State: RI	Zip: 02905	City: Kalamazoo	State: MI	Zip: 49006
Secretary Name: Sheree Lillard			Treasurer Name: Jannie Williams		
Street Address: 3219 Huron			Street Address: 1129 Bretton Dr		
City: Kalamazoo	State:	Zip: 49006	City: Kalamazoo	State: MI	Zip: 49006

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	Zip: 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	Zip: 02910	City: Brooklyn	State: NY	Zip: 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, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Darrell Williams	3/4/2024
Signature of Officer/Authorized Representative	FILED

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023