



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2023

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 000139878		2. Exact name of the Corporation West Philadelphia Community Access Center			
3. State of Incorporation Rhode Island PA		5. Brief description of the character of business conducted in Rhode Island CHARITABLE AND EDUCATIONAL PURPOSE OF EMPOWERING AND EDUCATING UNDER-PRIVILEGED SEGMENTS OF OUR SOCIETY IN THE FIELDS OF COMMUNICATIONS TITLE: 7-6			
4. NAICS Code 813920 - Professional Organizati					
6. Principal Office Address 10 Dorrance Road Suit 700		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Parris Z Moore			Vice-President Name J.R,A Schaefer		
Street Address 260 Tabor Road, Apt. 212			Street Address 195 Spring Street NW		
City Morris Plains	State NJ	Zip 07950	City Concord	State NC	Zip 28025
Secretary Name Glenna Goodman			Treasurer Name Royce E. Hayger		
Street Address 20 Leslie Street #2			Street Address 611 Warren Ave.		
City Cranston	State RI	Zip 02910	City Swansea	State MA	Zip 02777
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Parris Z Moore			Director Name J.R,A Schaefer		
Street Address 260 Tabor Road, Apt. 212			Street Address 195 Spring Street NW		
City Morris Plains	State NJ	Zip 07950	City Concord	State NC	Zip 28025
Director Name Glenna Goodman			Director Name Royce E. Hayger		
Street Address 20 Leslie Street #2			Street Address 611 Warren Ave.		
City Cranston	State RI	Zip 02910	City Swansea	State MA	Zip 02777
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 J.R.A Schaefer				Date 02 Mar 2024	
Signature of Officer/Authorized Representative <i>J.R.A Schaefer</i>				MAR 22 2024 BY 3 SP 56	

MAIL TO:
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Website: www.sos.n.gov