



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000034779

2. Name of Corporation Better Lives Rhode Island

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624190

4. Principal Office Address

No. and Street: 12 ABBOTT PARK PLACE

PO BOX 5639

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

AN ASSOCIATION OF INDIVIDUALS AND FAITH ORGANIZATIONS, WHO THROUGH SHARED MINISTRY AND MISSION, PROVIDE RESOURCES AND PROGRAMS TO MEET BASIC HUMAN NEEDS SUCH AS SHELTER, FOOD, CLOTHING, HEALTH CARE AND SUPPORT

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JORDAN G MICKMAN ESQ	271 CALIFORNIA AVE. PROVIDENCE, RI 02905 USA
TREASURER	ELIZABETH MESSIER	105 BRIARWOOD DR SOUTH KINGSTOWN, RI 02897 USA
SECRETARY	DANIEL PARENT	18 BENEFIT ST. PROVIDENCE, RI 02904 USA
VICE PRESIDENT	SHAMUS DURAC ESQ	68 VERNON ST. PROVIDENCE, RI 02903 USA
DIRECTOR	LESLIE PIRES	520 CARRS POINT RD. EAST GREENWICH, RI 02818 USA
DIRECTOR	MATTHEW SHERIDAN	50 BROOKLYN RD. NARAGANSETT, RI 02882 USA
DIRECTOR	JANE EASTMAN	29 KIRKBRAE DRIVE LINCOLN, RI 02865 USA
DIRECTOR	KEVIN NELSON	2 OAKVIEW DRIVE CRANSTON, RI 02921 USA
DIRECTOR	JUSTIN DESHAW	62 ALUMNI AVE. PROVIDENCE, RI 02906 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

PAULA HUDSON 12 ABBOTT PARK PLACE PROVIDENCE , RI 02903

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

Signed this 29 Day of March, 2024 at 12:16:26 PM 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 PAULA HUDSON
Signature of Authorized Person

Form No. 631
Revised 09/07