



**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

**Foreign Non-Profit
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. 001732232

2. Name of Corporation Entrepreneurship For All, Inc, a Nonprofit Corporation

3. State of Incorporation

State: MA

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

813410

4. Principal Office Address

No. and Street: 175 CABOT STREET

SUITE 100

City or Town: LOWELL

State: MA

Zip: 01854

Country: USA

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

CATALYZING BUSINESS AND JOB CREATION IN UNDER SERVED COMMUNITIES IN MASSACHUSETTS

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MERALIS HOOD	175 CABOT ST STE 310 LOWELL, MA 01854 USA
TREASURER, SECRETARY	RAJENDRA MELVILLE	175 CABOT STREET, SUITE 100 LOWELL, MA 01854 USA
DIRECTOR	VERNON IRVIN	175 CABOT ST STE 310 LOWELL, MA 01854 USA
DIRECTOR	SERVJEET BHACHU	175 CABOT ST STE 310 LOWELL, MA 01854 USA
DIRECTOR	GAIL GOODMAN	175 CABOT ST STE 310 LOWELL, MA 01854 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

NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

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

Signed this 11 Day of April, 2024 at 9:26:52 AM 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 MERALIS HOOD
Signature of Authorized Person

Form No. 631
Revised 09/07

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