



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
24 APR 19 AM 11:27:17

1. Entity ID Number 001672095		2. Exact name of the Corporation Rhode Island Guardians Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Political, Educational, Scientific, and charitable purposes to promote and enhance opportunities for men and women of color in the profession of criminal justice throughout the state of Rhode Island operating as a 501c3.			
4. NAICS Code 813319					
6. Principal Office Address P.O. Box 113854		City North Providence		State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nina Bliss			Vice-President Name Luis Rivera		
Street Address 18 Holiday Drive			Street Address 184 Woonasquatucket		
City Lincoln	State RI	Zip 028656	City N.Providence	State RI	Zip 02911
Secretary Name Gerald McKinney			Treasurer Name John P. A'Vant		
Street Address 4 Chicory Lane			Street Address 29 Mark drive		
City Warwick	State RI	Zip 02921	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John P. A'Vant			Director Name Luis Rivera		
Street Address 29 Mark Dr.			Street Address 184 Woonasquatucket		
City Lincoln	State RI	Zip 02865	City N.Providence	State RI	Zip 02911
Director Name Nina Bliss			Director Name Gerald McKinney		
Street Address 18 Holiday Dr.			Street Address 4 Chicory Lane		
City Lincoln	State RI	Zip 02865	City Warwick	State RI	Zip 02921
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative John P. A'Vant					Date 4/19/2024
Signature of Officer/Authorized Representative 					FILED

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

APR 19 2024
BY SP21A
PS