RI SOS Filing Number: 202453926450 Date: 4/25/2024 4:00:00 PM



## 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.

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1	APR 25	2024		•
В	Y	4	14	129

→ Penalty: Additional \$25.00 fee i	f form is not filed b	y May 31.		·····			
1. Entity ID Number 000136581		of the Corporation and Rhythn	& Blues Preservation Society, Inc.				
State of Incorporation     2003	5. Brief description of the character of business conducted in Rhode Island  To preserve & promote R&B in RI through activities, events & education; to						
4. NAICS Code 813319	improve public awareness of R&B to improve the legacy, heritage & historical connections of R&B music in the evolution of American popular						
6 Principal Office Address 12 Kipling Street	. I		City Providence	State RI	Zip 02907		
7 List ALL officers (names and ad	ldresses)	<del></del>	Che	ack the box to indicate ar	attachment		
President Name Cleveland Kui	rtz		Vice-President Name Maxwell Whiting				
Street Address 12 Kipling Stre			Street Address 24 Jennifer Lane				
City Providence	State RI	<sup>Zip</sup> 02907	City Stoughton	State MA	<sup>Ζ</sup> ώ 02072		
Secretary Name Sylvia Whiting	Į.	Treasurer Name Sylvia Whiting			02012		
Street Address 24 Jennifer La			Street Address 24 Jennifer Lane				
City Stoughton	State MA	<sup>Zip</sup> 02072	City Stougton	State MA	ď2072		
8. List ALL directors (names and a	addresses). RI Co	rporations MUST		eck the box to indicate a	n attachment		
Director Name Tom Colantonio	0		Director Name Paul Williams				
Street Address 8 Blackberry K			Street Address PO Box 41694				
City Johnston	State RI	<sup>Zip</sup> 02919	City Providence	State RI	Zip UZ940		
Director Name Guillermina Sa	nchez		Director Name Dhana Whiteing				
Street Address 174 Lawn Stre	et		Street Address 35 Academy Way				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02908	City Providence	State RI	<sup>Z 2</sup> 908		
9. The Registered Agent informati	on of record with t	the RI Department	of State is accurate. Changes r	equire filing Form 641	·.		
Under penalty of perjury, I decide statements, and that all statements.			• • •	ccompanying sched	ules and		
This report must be signed by either the Pro	esident, Vice-President	, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Ropi	resentative, Receiver or Trus	stee		
Name of Officer/Authorized Repre	Date	Date					
Sylvia Whiting	4/20/202	4/20/2024					
Signature of Officer/Authorized Re							
MAIL TO:	/						

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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