

**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.** 001722399**2. Name of Corporation** Rebuild Woonsocket**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

813319**4. Principal Office Address**No. and Street: 153 WINTER STCity or Town: WOONSOCKETState: RIZip: 02895Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR THE PROMOTION OF SOCIAL WELFARE AS SHALL QUALIFY IT FOR EXEMPTION FROM FEDERAL TAXATION UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, OR SUCH OTHER PURPOSES ALLOWED UNDER THE RI NONPROFIT CORPORATION ACT, RIGL 7-6-1 ET SEQ. THESE PURPOSES INCLUDE BUT ARE NOT LIMITED TO: WORKING TOWARD A MORE EQUITABLE, JUST, AND VIBRANT COMMUNITY AND THE LIVABILITY OF OUR SHARED FUTURE, THROUGH GRASSROOTS ORGANIZING, PUBLIC OUTREACH AND EDUCATION, LEGISLATIVE AND OTHER

ADVOCACY, COMMUNITY EMPOWERMENT, AND PUBLICIZING THE POSITIONS OF ELECTED OFFICIALS CONCERNING THESE AND OTHER ISSUES.

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	ALEXANDER KITHES	153 WINTER ST WOONSOCKET, RI 02895 USA
TREASURER	MARLENE GUAY	191 RATHBUN ST WOONSOCKET, RI 02895 USA
SECRETARY	CAOL BRESNAHAN	382 WOOD AVENUE WOONSOCKET, RI 02895 USA
VICE PRESIDENT	CHARMAINE WEBSTER	37 LINCOLN ST WOONSOCKET, RI 02895 USA
EXECUTIVE DIRECTOR	ALEXANDER KITHES	153 WINTER ST WOONSOCKET, RI 02895 USA
CREATIVE DIRECTOR	CAOL BRESNAHAN	382 WOOD AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	VAUGHAN MILLER	569 SMITHFIELD RD NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	NWANDO OFOKANSI	120 NORTHEAST ST WOONSOCKET, RI 02895 USA
DIRECTOR	NITHIN PAUL	31 WOODMAN ST, APT 2 PROVIDENCE, RI 02907 USA
DIRECTOR	CAOL BRESNAHAN	382 WOOD AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	ALEXANDER KITHES	153 WINTER STREET WOONSOCKET, RI 02895 USA
DIRECTOR	CHARMAINE WEBSTER	37 LINCOLN ST WOONSOCKET, RI 02895 USA
DIRECTOR	MARLENE GUAY	191 RATHBUN ST WOONSOCKET, RI 02895 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

ALEXANDER KITHES 153 WINTER STREET WOONSOCKET , RI 02895

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

Signed this 27 Day of April, 2024 at 5:17:01 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 ALEXANDER KITHES  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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