



**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. 001341636

2. Name of Corporation Community Provisions (Com Pro)

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: 16 OAKWOOD ST

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

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

TO DEVELOP RUN DOWN BUILDINGS IN THE LOW INCOME CITIES OF RHODE ISLAND BY CONVERTING THEM INTO TECHNICAL LEARNING CENTERS FOR YOUTH IN THE COMMUNITY. THESE CENTERS WILL INCLUDE RESOURCE AND SKILL CLASSES THAT WILL BE CUSTOMIZED TO THE NEEDS OF THE CHILDREN, ALONG WITH HOBBIES AND INTEREST BASED COURSES. OUR MISSION WILL BE GEARED TOWARDS ENCOURAGING YOUTH AND OTHERS IN THE COMMUNITY TO EXPAND THEIR VISION BEYOND THEIR CURRENT PERSPECTIVE AND SITUATION. WE WILL UTILIZE OUR RESOURCES AS AN ORGANIZATION TO

PROMOTE COMMUNITY DEVELOPMENT AND WILL PROVIDE INFORMATION AND EDUCATION THAT WILL PROMOTE FAMILY, FINANCIAL AND PROFESSIONAL GROWTH.

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	JEAN MARIE ROCHA	555 BROAD ST CENTRAL FALLS, RI 02863 USA
PRESIDENT	JEAN MARIE ROCHA	16 OAKWOOD ST EAST PROVIDENCE, RI 02914 USA
TREASURER	ROXANNE DEBRITTO	11 MAXFIELD ST EAST PROVIDENCE, RI 02914 USA
SECRETARY	LAKESSHA CRAIG	59 WAINWRIGHT ST PROVIDENCE, RI 02908 USA
DIRECTOR	ROXANNE DEBRITTO	11 MAXFIELD ST CENTRAL FALLS, RI 02663 USA
DIRECTOR	LAKEESHA CRAIG	59 WAINWRIGHT ST PROVIDENCE, RI 02908 USA
DIRECTOR	JEAN MARIE ROCHA	555 BROAD ST CENTRAL FALLS, RI 02863 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

PETER D'AMICO, ESQ. 555 BROAD STREET CENTRAL FALLS , RI 02863

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 April, 2024 at 6:45:25 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 JEAN MARIE ROCHA
Signature of Authorized Person

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