



**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.** 001678430

**2. Name of Corporation** Rhode Island DSA

**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: 23 PEACE TRAIL

City or Town: SMITHFIELD

State: RI

Zip: 02917

Country: USA

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

THIS CORPORATION IS ORGANIZED TO PROMOTE SOCIAL WELFARE WITHIN THE MEANING OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE OF 1986, AS NOW ENACTED OR  
HEREAFTER AMENDED (HEREINAFTER, "THE CODE"). IN PURSUIT OF THIS PURPOSE, THE  
CORPORATION SHALL SEEK TO FACILITATE THE TRANSITION TO A TRULY DEMOCRATIC AND

SOCIALIST SOCIETY, ONE IN WHICH THE MEANS OF PRODUCTION ARE  
DEMOCRATICALLY  
AND SOCIALLY CONTROLLED.

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	DANIEL T CROWELL	23 PEACE PIPE TRAIL SMITHFIELD, RI 02917 USA
TREASURER	ALISON KENNEY	1 CHESTNUT ST., APT. 714 PROVIDENCE, RI 02903 USA
ASSISTANT SECRETARY	BRIAN FLOWERS	1371 MENDON RD., APT. 23 WOONSOCKET, RI 02895 USA
DIRECTOR	KINVERLY DICUPE	560 PROSPECT ST. APT. 44 PAWTUCKET, RI 02860 USA
DIRECTOR	DANIEL T CROWELL	23 PEACE PIPE TRAIL SMITHFIELD, RI 02917 USA
DIRECTOR	CLAIRE ZELLER	2 REGENCY PLZ, APT 611W PROVIDENCE, RI 02903 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

DANIEL CROWELL 23 PEACE PIPE TRAIL SMITHFIELD , RI 02917

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

Signed this 1 Day of May, 2024 at 9:04:51 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 DANIEL CROWELL  
Signature of Authorized Person