RI SOS Filing Number: 202455425500 Date: 6/6/2024 3:36:00 PM



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. 001746282
- 2. Name of Corporation RI ChainBreakers
- 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 <u>click here.</u>

NAICS Code

624110

4. Principal Office Address

No. and Street: 1016 PARK AVE

City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02910</u> Country: <u>USA</u>

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

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE

MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE.

OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS

ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: PERFORMING ARTS PROGRAM FOR

YOUTH. PERFORMING DANCES FOR COMMUNITY OUTREACH AS WELL AS GIVING YOUTH A

DANCE STUDIO EXPERIENCE FOR A LOWER PRICE.

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 |
|--------------|--|---|
| SECRETARY | ASIALIAH DELGADO | 392 PUBLIC ST PROVIDENCE , RI 02905 USA |
| INCORPORATOR | CHEYENNE MOSELEY | 101 N BRAND BLVD, 11TH FLOOR GLENDALE, CA 91203 USA |
| DIRECTOR | CHRISTA THOMAS | 341 WELLINGTON AVE CRANSTON, RI 02910 USA |
| DIRECTOR | JEFFREY CARD JR | 341 WELLINGTON CRANSTON, RI 02910 USA |
| DIRECTOR | TONISHA THOMPSON | 2 POND ST CRANSTON , RI 02910 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

CHRISTA THOMAS 341 WELLINGTON AVE CRANSTON, RI 02910

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

Signed this 6 Day of June, 2024 at 3:38:36 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 CHRISTA THOMAS

Signature of Authorized Person

Form No. 631 Revised 09/07