	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			
1636	(401) 222-3040			
Non-Profit Corpora Annual Report Filing Period: February				
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 <u>RI ChainBreakers</u>				
3. State of Incorporation				
State: <u>RI</u>				
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				
<u>624110</u>				
4. Principal Office Address				
No. and Street:	<u>1016 PARK AVE</u>			
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				
EDUCATIONAL, A THE MAKING OF DIST ORGANIZATIONS CODE,	<u>'ION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, F</u> <u>IND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PUR</u> <u>RIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS E</u> <u>UNDER THE SECTION 501 (C) (3) OF THE INTERNAL RE</u> <u>ING SECTION OF ANY FUTURE FEDERAL TAX CODE. T</u>	<u>RPOSES,</u> <u>XEMPT</u> <u>VENUE</u>		

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