

REC'D RIDOS BSD
24 JUN 18 PM 2:30:45State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>793794</u>		2. Exact name of the Corporation <u>BILLY TAYLOR HOUSE</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO SUPPORT YOUTH IN MOUNT HOPE NEIGHBORHOOD</u>	
4. NAICS Code <u>1024110</u>			
6. Principal Office Address <u>185 CAMP ST.</u>		City <u>PROV</u>	State <u>RI</u> Zip <u>02906</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JAMES MONTEIRO</u>		Vice-President Name <u>HAKIMA MASSE</u>	
Street Address <u>16 DUNCAN AVE</u>		Street Address <u>185 CAMP ST</u>	
City <u>PROV.</u>	State <u>RI</u>	City <u>PROV</u>	State <u>RI</u> Zip <u>02906</u>
Secretary Name <u>ROCHELLE LEE</u>		Treasurer Name <u>MARC GONZALES</u>	
Street Address <u>185 CAMP ST</u>		Street Address <u>185 CAMP ST</u>	
City <u>PROV.</u>	State <u>RI</u>	City <u>PROV.</u>	State <u>RI</u> Zip <u>02906</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>STANLEY ALSTON</u>		Director Name <u>ROBERT WEST</u>	
Street Address <u>185 CAMP ST</u>		Street Address <u>185 CAMP ST</u>	
City <u>PROV.</u>	State <u>RI</u>	City <u>PROV.</u>	State <u>RI</u> Zip <u>02906</u>
Director Name <u>WILLIAM MONTEIRO</u>		Director Name <u>CLYDE ROSS</u>	
Street Address <u>185 CAMP ST</u>		Street Address <u>185 CAMP ST</u>	
City <u>PROV</u>	State <u>RI</u>	City <u>PROV</u>	State <u>RI</u> Zip <u>02906</u>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>JAMES MONTEIRO</u>			Date <u>6/18/24</u>
Signature of Officer/Authorized Representative <u>James Monteiro</u>			FILED <u>232</u>

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govJUN 18 2024
BY YCTJN
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FORM 631- Revised: 04/2023