



State of Rhode Island  
Department of State - Business Services Division

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Annual 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 <b>001745357</b>		2. Exact name of the Corporation <b>Greater Providence Community Development Corporation</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide cultural, educational social not-for profit services to under-respresented and minority communities in greater providence.</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>64 Hadwin Street,</b>			City <b>Central Falls</b>	State <b>R.I.</b>	Zip <b>02865</b>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <b>Jonathan Pierre Sauvignon</b>			Vice-President Name <b>NONE</b>		
Street Address <b>64 Hadwin Street</b>			Street Address		
City <b>Central Falls</b>	State <b>R.I.</b>	Zip <b>02865</b>	City	State	Zip
Secretary Name <b>Samuel J. Lugo</b>			Treasurer Name <b>NONE</b>		
Street Address <b>90 Pocahontas Drive</b>			Street Address		
City <b>Warwick</b>	State <b>R.I.</b>	Zip <b>02888</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <b>Samuel L. Lugo</b>			Director Name <b>Marysol Krikorian</b>		
Street Address <b>90 Pocahontas Drive</b>			Street Address <b>90 Pocahontas Drive</b>		
City <b>Warwick</b>	State <b>R.I.</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>R.I.</b>	Zip <b>02888</b>
Director Name <b>Jonathan Sauvignon</b>			Director Name <b>NONE</b>		
Street Address <b>64 Hadwin Street</b>			Street Address		
City <b>Central Falls</b>	State <b>R.I.</b>	Zip <b>02865</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Jonathan Pierre Sauvignon</b>					Date <b>July 1, 2024</b>
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY