



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amendment
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.

REC'D RIDOS BSD
24 JUL 3 AM 11:15:10

1. Entity ID Number <u>001690790</u>		2. Exact name of the Corporation <u>Providence Cultural Equity Initiative</u>			
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>To raise awareness of and preserve natural, cultural, and historic resources, habitats, and archeological sites.</u>			
4. NAICS Code <u>813319</u>					
6. Principal Office Address <u>609 Elmwood Avenue Unit R9</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Ramond Lamar Watson</u>			Vice-President Name		
Street Address <u>609 Elmwood Avenue R9</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>Eise Swearingen</u>			Director Name <u>Jessica David</u>		
Street Address <u>609 Elmwood Avenue R9</u>			Street Address <u>609 Elmwood Avenue R9</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
Director Name <u>Kathya Perez</u>			Director Name <u>Gonzalo Cuenca</u>		
Street Address <u>609 Elmwood Avenue R9</u>			Street Address <u>609 Elmwood Avenue</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</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>Ramond Lamar Watson</u>					Date <u>7/3/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

FILED

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

JUL 03 2024
BY KS

FORM 631- Revised: 04/2023



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 03, 2024 11:15 AM

A handwritten signature in black ink, reading 'Gregg M. Amore'.

Gregg M. Amore
Secretary of State

