RI SOS Filing Number: 202457745750 Date: 7/8/2024 12:51:00 PM

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State of Rhode Island
Department of State - Business Services Division

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	2. Exact name of the Corporation
001735268	BIPOC Center For Financial Success
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: THE BIPOC CENTER FOR FINANCIAL SUCCESS WILL FOCUS ON FINANCIAL AND CAREER COACHING SERVICES FOR BIPOC FAMILIES LIVING ON A LOW- TO MODERATE-INCOME.
4. NAICS Code: 523930	

6. Principal Office Address	City	State	Zip
383 Sayles Street	Providence	RI	02905

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Crystal Hall			Vice-President Name:		
Street Address: 383 Sayles Street			Street Address:		
City: Providence	State: RI	Zip: 02904	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 ☐

Director Name: Crystal Hall			Director Name: Shemika Moore		
Street Address: 383 Sayles Street			Street Address: 743 River Avenue		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02908
Director Name: Luis DeLeon			Director Name:		
Street Address: 383 Sayles Street			Street Address:		
City: Providence	State: RI	Zip: 02905	City:	State:	Zip:

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	Date
Crystal Hall	**07/07/2024**

Signature of Officer/Authorized Representative: Crystal Hall

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

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FORM 631- Revised 04/2023