| | State of Rhode Office of the Secret | ary of State | Fee: \$20.00 | |
|---|--|---------------------------------------|-------------------|--|
| | Division Of Busines 148 W. River S | | | |
| | Providence RI 029 | | | |
| 7636 | (401) 222-30 |)40 | | |
| Non-Profit Corporation Annual Report Filing Period: February 1 - May | / 1 | | | |
| 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. 000542108 | | | | |
| 2. Name of Corporation <u>takin back inc</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>813110</u> | | | | |
| 4. Principal Office Address | | | | |
| No. and Street: <u>1776 BIC</u> <u>SUITE F2</u> | ENTENNIAL WAY 2 | | | |
| City or Town: <u>NORTH I</u> | <u>PROVIDENCE</u> | State: <u>RI</u> Zip: <u>02911</u> Co | untry: <u>USA</u> | |
| 5. Brief Description of the Character of the Affairs Conducted in Rhode Island | | | | |
| CHRISTIAN ORGANIZATION | | | | |
| 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 | Address | | |
| 1 | | | | |

| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
|-----------|-----------------------------|---|
| PRESIDENT | PAUL P ROSSI | 1776 BICENTENNIAL WAY, SUITE F2 NORTH PROVIDENCE, RI 02911 USA |
| TREASURER | MICAH R JOHNSON | 1776 BICENTENNIAL WAY, SUITE F2 NORTH PROVIDENCE, RI 02911 USA |
| OFFICER | EMAURIE DONTREL WOODS | 1776 BICENTENNIAL WAY, SUITE F2 NORTH PROVIDENCE, RI 02911 USA |
| DIRECTOR | PAUL P ROSSI | 1776 BICENTENNIAL WAY, SUITE F2 NORTH PROVIDENCE, RI 02911 USA |
| DIRECTOR | ALBERT T MAVUNGA | 1776 BICENTENNIAL WAY, SUITE F2 NORTH PROVIDENCE, RI 02911 USA |
| DIRECTOR | HEATHER M MORETTI | 1776 BICENTENNIAL WAY, SUITE F2 NORTH PROVIDENCE, RI 02911 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

PAUL P. MORAN 1776 BICENTENNIAL WAY, SUITE F2 NORTH PROVIDENCE , RI 02911

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of July, 2024 at 6:45:24 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 <u>PAUL ROSSI</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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