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**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.

1. Entity ID Number <u>1765754</u>		2. Exact name of the Corporation <u>KCRS Youth Empowerment (KCRS Y.E.)</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious charitable scientific or educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986</u>	
4. NAICS Code <u>624110</u>			
6. Principal Office Address <u>43 Montcalm Rd</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02889</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Kassandra Dozier</u>		Vice-President Name <u>Andrea Harley</u>	
Street Address <u>43 Montcalm Rd</u>		Street Address <u>1838 Pawtucket Ave</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>E. Providence</u>	State <u>RI</u>
Zip <u>02889</u>		Zip <u>02914</u>	
Secretary Name <u>Ke'Aziyah Harley</u>		Treasurer Name <u>Kassandra Dozier</u>	
Street Address <u>306 Dudley St</u>		Street Address <u>43 Montcalm Rd</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02889</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>Kassandra Dozier</u>		Director Name <u>Andrea Harley</u>	
Street Address <u>43 Montcalm Rd</u>		Street Address <u>1838 Pawtucket Ave</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>E. Providence</u>	State <u>RI</u>
Zip <u>02889</u>		Zip <u>02914</u>	
Director Name <u>Ke'Aziyah Harley</u>		Director Name <u>D'Anousiah Gibson</u>	
Street Address <u>306 Dudley St</u>		Street Address <u>43 Montcalm Rd</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02889</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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.</i>			
<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 <u>Kassandra Dozier</u>			Date <u>8-07-2024</u>
Signature of Officer/Authorized Representative <u>Kassandra Dozier</u>			

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

FILED
AUG 07 2024
BY PS



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:

August 07, 2024 01:12 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

