



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
16 SEP 16 PM 3:14:20

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>140049</b>		2. Exact name of the Corporation <b>The Manton Avenue Project</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Out of school time playwriting program for young people in Providence's Olneyville neighborhood.</b>			
4. NAICS Code <b>624110</b>					
6. Principal Office Address <b>55 Putnam Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Melenie Charles</b>			Vice-President Name		
Street Address <b>55 Putnam Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Michael Fournier</b>		
Street Address			Street Address <b>55 Putnam Street</b>		
City	State	Zip	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Elsie Aquino</b>			Director Name <b>Mark Roberts</b>		
Street Address <b>55 Putnam Street</b>			Street Address <b>55 Putnam Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>Carmen Rodriguez</b>			Director Name <b>Isabelle Sanatdar</b>		
Street Address <b>55 Putnam Street</b>			Street Address <b>55 Putnam Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
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 <b>Meg Sullivan</b>					Date <b>09/13/2024</b>
Signature of Officer/Authorized Representative 					

**FILED**

**SEP 16 2024**  
**BY VA291 AA 3:15 PM**