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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 1759458		2. Exact name of the Corporation Carter's Kreation	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island * Youth development & mentorship with academics & sports.	
4. NAICS Code 611620			
6. Principal Office Address 24 Goldsmith Ave		City East Providence	State R.I.
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nashua Carter		Vice-President Name	
Street Address 24 Goldsmith Ave		Street Address	
City East Providence	State R.I.	City	State
	Zip 02914		Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 Stephanie Carter		Director Name Kenric Carter	
Street Address 118 Charleston Ct Apt C		Street Address 118 Charleston Ct Apt C	
City Winston Salem	State NC	City Winston Salem	State NC
	Zip 27103		Zip 27103
Director Name Britnie Dawkins		Director Name	
Street Address 24 Goldsmith Ave		Street Address	
City East Providence	State R.I.	City	State
	Zip 02914		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.			
<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			Date
Signature of Officer/Authorized Representative 			

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

SEP 23 2024, 1:17 FORM 631- Revised: 04/2023

BY 1B37R