



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.

REC'D RIDGESS BSD
24 SEP 23 PM 1:11:5

1. Entity ID Number <u>1759458</u>		2. Exact name of the Corporation <u>Carter's Creation</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>* Youth development & mentorship with academics & sports.</u>	
4. NAICS Code <u>611620</u>			
6. Principal Office Address <u>24 Goldsmith Ave</u>		City <u>East Providence</u>	State <u>R.I.</u>
		Zip <u>02914</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Nashon Carter</u>		Vice-President Name	
Street Address <u>24 Goldsmith Ave</u>		Street Address	
City <u>East Providence</u>	State <u>R.I.</u>	City	State
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
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>Stephane Carter</u>		Director Name <u>Kenric Carter</u>	
Street Address <u>118 Charleston Ct Apt C</u>		Street Address <u>118 Charleston Ct Apt C</u>	
City <u>Winston Salem</u>	State <u>NC</u>	City <u>Winston Salem</u>	State <u>NC</u>
Director Name <u>Britnie Dawkins</u>		Director Name	
Street Address <u>24 Goldsmith Ave</u>		Street Address	
City <u>East Providence</u>	State <u>R.I.</u>	City	State
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
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 1837R