RI SOS Filing Number: 202460315650 Date: 9/25/2024 11:09:00 AM

State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Corporation
001757645	Uncornered, Inc.
3. State of Incorporation: MA	5. Brief description of the character of business conducted in Rhode Island: Our purpose is to eliminate violence by reducing shootings and homicides in cities.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
222 Bowdoin Street	Dorchester	MA	02122

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jim McDonough			Vice-President Name: Devin McCourty		
Street Address: 222 Bowdoin St			Street Address: 222 Bowdoin St		
City: Dorchester	State: MA	Zip: 02122	City: Dorchester	State: MA	Zip: 02122
Secretary Name: Erica Rice			Treasurer Name: Phillomin Laptiste		
Street Address: 155 Seaport Blvd.			Street Address: 222 Bowdoin St		
City: Boston	State: MA	Zip: 02210	City: Dorchester	State: MA	Zip: 02122

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: William Darling			Director Name: Paul Francisco		
Street Address: 222 Bowdoin St			Street Address: 222 Bowdoin St		
City: Dorchester	State: MA	Zip: 02122	City: Dorchester	State: MA	Zip: 02122
Director Name: Lebone Moses			Director Name: Summer Williams		
Street Address: 222 Bowdoin St			Street Address: 222 Bowdoin St		
City: Dorchester	State: MA	Zip: 02122	City: Dorchester	State: MA	Zip: 02122

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
Michelle Caldeira	**09/24/2024**

Signature of Officer/Authorized Representative: Michelle Caldeira

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SEP 25 2024

BY V86E6 11:09

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

FORM 631- Revised 12/2023