



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 RIDOS BSD
24 SEP 27 AM 11:14:23

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 41612		2. Exact name of the Corporation DARE Direct Action for Rights & Equality			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island non profit community organizers bringing low income families together to work for better neighborhoods and fair housing			
4. NAICS Code 813311					
6. Principal Office Address 340 Lockwood St		City Providence		State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lawrence Benton			Vice-President Name Sheila Wilhelm		
Street Address 652 B Woonasquatucket Ave			Street Address 139 Moorefield St		
City Providence	State RI	Zip 02911	City Providence	State RI	Zip 02909
Secretary Name Brandon Robinson			Treasurer Name Gladys Guzman		
Street Address 485 Plainfield St			Street Address 112 Warrinton St		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02907
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 Sheila Wilhelm			Director Name Gladys Guzman		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
			above		
Director Name Lawrence Benton			Director Name Brandon Robinson		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	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.					
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 Sheila Wilhelm					Date 9/2/2024
Signature of Officer/Authorized Representative 					

FILED

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

SEP 27 2024
BY **SX3M0111**
FORM 631 - Revised 12/2023