				22.		
State of Rhode Islands Department of	ind State - Busin	ess Services	Division	NOC D		
Annual Report for the ye				RIDOS BSD 7 AM 10:35:		
Non-Profit Corporation				50.50		
→ Filing period: February 1 - Mi → Filing Fee: \$20.00	ıy 1			35 35 35		
-> Penalty: Additional \$25.00 fe	e II form is not filed	by May 31.		<u>.</u>		
1. Entity ID Number 001 744 486	2. Exact nam	2. Exact name of the Corporation, RI Community Shatu Workers Coop				
	5 Brief descri	5. Striet description of the character of business conducted in Rhode Island				
3. State of Incorporation	Danie	PROVIDE SUPPORTIVE SERVICES FOR CUM			munik	
Rhode Island	N. al	Neato Workens				
4: NAICS Code	762					
			Chu	State	Zip 029	
6. Principal Office Address 52 Proscott ST			provisonto	KI	028	
				heck the box to indicate	en etterimen	
7. List ALL officers (names and addresses) President Name Konow Canbuccom				Vice-President Name		
			VICE TIESTAL TABINE			
Street Address proscott St			Street Address			
CIN PRUVISENCE	State KI	Z102908	Chy	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zlp	City	State	Zip	
8. List ALL directors (names an	d addresses). RI C	orporetions MUST	list at least THREE directors.	heck the bax to indicate	an attachmen	
Director Name & BOKD CHRENCE 47			Discorder Marrie			
[Stant Addres			Street Address			
57 Pr-4500	State /	21p 02908	City	State	Zip	
PROV Director Name		0208	Director Name	l		
VACAN (
Street Address			Street Address . State Zip			
City	State	Zip	City	State		
9. The Registered Agent informs	tion of record with	the RI Departmen	t of State is accurate. Changes I	require filing Form 64	1.	
Under penalty of perjury, I det	lare and affirm the	nat i have examine herein are frue an	ed this report, including any a d correct.	ccompanying sched	ules and	
This report must be signed by either the l	President, Vice-Presider	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Rep.	resentative, Reseiver or Tru	islet.	
Name of Officer/Authorized Representative				Date /	2024	
Simpature of Office (18 wheelead B	enverentative) .				

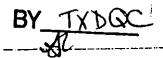
MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

0.36

NOV 7 2024

FORM 631- Revised: 04/2023



I KONED CARBUCCHA,

Declare THAT I AM THE SOLE SIRECTOR

of RI Community Leaven Workers Coup

10 # 001746486.

AS of 11/4/2024 1 Reason Dissolution of DI Community Heater Workers Coap 18 # 001766486

Signature

PANT: KOREW CHRESCETT