



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.

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1. Entity ID Number <u>0011074993</u>	2. Exact name of the Corporation <u>Mindy Independent</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>develop and facilitate youth programming and high quality education</u>
4. NAICS Code <u>611110</u>	

6. Principal Office Address <u>77 Wilmarth Ave.</u>	City <u>E. Providence</u>	State <u>RI</u>	Zip <u>02914</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name <u>Tracey Sutherland</u>			Vice-President Name <u>N/A</u>		
Street Address <u>77 Wilmarth Ave.</u>			Street Address		
City <u>E. Providence</u>	State <u>RI</u>	Zip <u>02914</u>	RI DOES MAKE EDITS PER FILER		
Secretary Name <u>Patricia Streit</u>			Treasurer Name <u>Catherine Moriello Flatts</u>		
Street Address <u>81 Indian Rd.</u>			Street Address <u>1650 3 Cent Blvd. St.</u>		
City <u>E. Providence</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Charmont</u>	State <u>FL</u>	Zip <u>34717</u>

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

Director Name <u>Tracey Sutherland</u>			Director Name <u>Catherine Moriello Flatts</u>		
Street Address <u>(above)</u>			Street Address <u>(above)</u>		
City	State	Zip	City	State	Zip
Director Name <u>Patricia Streit</u>			Director Name		
Street Address <u>(above)</u>			Street Address		
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 <u>Tracey Sutherland</u>	Date <u>10/16/2024</u>
Signature of Officer/Authorized Representative <u>Tracey Sutherland</u> <b>FILED</b>	

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BY XETJD

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