



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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Annual Report for the year: 2023
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 <u>0011674993</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>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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>	
Secretary Name <u>Patricia Streit</u>		Treasurer Name <u>Catherine Monielb Flatts</u>	
Street Address <u>81 Indian Rd.</u>		Street Address <u>16563 certificate St</u>	
City <u>E. Providence</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>CLERMONT</u>
			State <u>FL</u>
			Zip <u>34714</u>
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>Tracey Sutherland</u>		Director Name <u>Catherine Monielb Flatts</u>	
Street Address <u>(above)</u>		Street Address <u>(above)</u>	
City	State	Zip	
Director Name <u>Patricia Streit</u>		Director Name	
Street Address <u>(above)</u>		Street Address	
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>			

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
NOV 20 2024
BY AA
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FORM 631 - Revised: 12/2023