State of Rhode Island
Department of State - Business Services Division

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RI DEPT OF STATE
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Annual Report for the year: 2022
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
001711145	The Becoming
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Serving the homeless community by supplying food clothes, toiletries, hats/gloves for the winter months also blankets
4. NAICS Code: 624190	

6. Principal Office Address	City	State	Zip
123 Baxter St	Woonsocket	R.I	02895

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

President Name	Vice-President Name
Jade Thomas	
Street Address: 123 Baxter St	Street Address:
City: Woonsocket / State: R.I / Zip: 02895	City: / State: / Zip:
Secretary Name: Winnie M. Graham	Treasurer Name: Lisa Offley
Street Address: 2510 Frederick Ave	Street Address: 123 Baxter St
City: Baltimore / State: Maryland / Zip: 21223	City: Woonsocket / State: RI / Zip: 02895

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

Director Name	Director Name
Jade Thomas	Lisa Offley
Street Address: 123 Baxter St	Street Address: 123 Baxter St
City: Woonsocket / State: Rhode Island / Zip: 02895	City: Woonsocket / State: R.I / Zip: 02895
Director Name: Winnie M. Graham	Director Name:
Street Address: 2510 Frederick Ave	Street Address:
City: Baltimore / State: Maryland / Zip: 21223	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	Date
Jade Thomas	1/24/2025

Signature of Officer/Authorized Representative: Jade Thomas

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 11:07
JAN 28 2025
BY FZJW

FORM 631- Revised: 12/2023