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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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
001695296	RI Slave History Medallions
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: STATEwide Historical AWAReness 501(3)C education program marking the landscape of RI with slave related historic markes AKA RISHM
4. NAICS Code: 813311	

6. Principal Office Address	City	State	Zip
98 KAY ST	Newport	RI	02840

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

President Name: Charles Robents			Vice-President Name: Carlon Howard		
Street Address: 98 KAY ST			Street Address: 66 Ravenswood Ave		
City: Newport	State: RI	Zip: 02840	City: Providence	State: RI	Zip: 02908
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: Margaret Baker			Director Name: Gianna Sullivan		
Street Address: 98 KAY ST			Street Address: 90 Rosewealth Ave		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840
Director Name: Sandra Flowers			Director Name:		
Street Address: 16 Keeler Ave			Street Address:		
City: Newport	State: RI	Zip: 02840	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
Charles Robents	03-12-2025

Signature of Officer/Authorized Representative: [signature]

FILED
MAR 12 2025
BY [illegible] AA

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

FORM 631- Revised 12/2023