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State of Rhode Island
Department of State - Business Services Division

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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
001719845	ALTERNATIVES TO VIOLENCE PROJECT - RHODE ISLAND INC.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Development and implementation of educational programs which lead to conflict resolution based on the Alternatives to Violence Project curricula. Inc.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
315 Olney Street	Providence	RI	02906

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

President Name: Marcus Mitchell			Vice-President Name: none		
Street Address: 135 Abbott St.			Street Address:		
City: Providence	State: RI	Zip: 02906	City:	State:	Zip:
Secretary Name: Morgan Beltre			Treasurer Name: Martha McManamy		
Street Address: 25 Elmgrove Ave.			Street Address: 315 Olney St.		
City: Johnston	State: RI	Zip: 02919	City: Providence	State: RI	Zip: 02906

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

Director Name: Marcus Mitchell			Director Name: Martha McManamy		
Street Address: 135 Abbott St.			Street Address: 315 Olney St.		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906
Director Name: Morgan Beltre			Director Name: Robert Watt		
Street Address: 25 Elmgrove Ave.			Street Address: 84 Ship St.		
City: Johnston	State: Ri	Zip: 02919	City: Providence	State: RI	Zip: 02903

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
Martha McManamy, Treasurer	**3/13/25**

Signature of Officer/Authorized Representative: Martha McManamy

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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