



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001757875

2. Name of Corporation Prison Policy Initiative, Inc.

3. State of Incorporation

State: MA

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813311

4. Principal Office Address

No. and Street: 351 PLEASANT STREET, SUITE B, BOX
169

City or Town: NORTHAMPTON

State: MA Zip: 01060 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO ENGAGE IN RESEARCH AND ADVOCACY ON INCARCERATION POLICY

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	LAURIE JO REYNOLDS	C/O PRISON POLICY INITIATIVE PO BOX 127 NORTHAMPTON, MA 01061 USA
TREASURER	LUCIUS COULOUTE	C/O PRISON POLICY INITIATIVE PO BOX 127 NORTHAMPTON, MA 01061 USA
CEO	PETER WAGNER	45 RANDALL ST ADAMS, MA 01220 USA
CLERK	ANDREW ADAMS	C/O PRISON POLICY INITIATIVE PO BOX 127 NORTHAMPTON, MA 01061 USA
DIRECTOR	CARRIE ANN SHIROTA	69 GARFIELD AVE EASTHAMPTON, MA 01027 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REGISTERED AGENTS INC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of March, 2025 at 11:05:39 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By PETER WAGNER
Signature of Authorized Person

Form No. 631
Revised 09/07

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