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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.

STAMP

1. Entity ID Number	2. Exact name of the Corporation
001711914	BEAT THE STREETS RI, INC.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: This program equips young adults with skills in audio, media ,sound production, and STEM to keep them off the streets and on a path to success.
4. NAICS Code: 624310	

6. Principal Office Address	City	State	Zip
200 WATER STREET	East Providence	RI	02914

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

President Name: Michael Costa			Vice-President Name: Milou Rodrigues		
Street Address: 200 WATER STREET			Street Address: 200 WATER STREET		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914
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: Michael Costa			Director Name: Milou Rodrigues		
Street Address: 200 WATER STREET			Street Address: 200 WATER STREET		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914
Director Name: Sharon Ashley			Director Name		
Street Address: 200 Water Street			Street Address		
City: East Providence	State: RI	Zip: 02914	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

FILED

Name of Officer/Authorized Representative	Date
Michael Costa	**3/20/2025**

Signature of Officer/Authorized Representative

Signed by: Michael Costa C368D3EA89A2462

MAR 21 2025

BY BFJRT

301 KJ

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