



**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

SECRETARY OF STATE

1. Entity ID Number 001711914		2. Exact name of the Corporation 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 200 WATER STREET			City East Providence		State RI
			Zip 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					
Name of Officer/Authorized Representative Michael Costa					Date 3/20/2025
Signature of Officer/Authorized Representative <i>Michael Costa</i>					MAR 21 2025 BY BEJRT

MAIL TO C36803EA89A2462

Division of Business Services

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