



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.

REC'D - RPD05 850
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1. Entity ID Number <u>001779150</u>		2. Exact name of the Corporation <u>Second Chance</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To Help people that are Incarcerated, Malcom Female to Help Them Them Build Credit, to Teach Them Financial Literacy and Help them reconnect Back to Society</u>	
4. NAICS Code <u>624221</u>			
6. Principal Office Address <u>974 Charles Street</u>		City <u>North Providence</u>	State <u>R.I</u>
		Zip <u>02904</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Leroy Robinson</u>		Vice-President Name <u>Tyrell Stevens</u>	
Street Address <u>36 Carter St. Apt</u>		Street Address <u>65 Narragansett AVE</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</u>
Zip <u>02907</u>		Zip <u>02907</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Derek S. Jones</u>		Director Name <u>Robert Robinson</u>	
Street Address <u>20 Walnut St.</u>		Street Address <u>27 Berkeley St</u>	
City <u>North Providence</u>	State <u>R.I</u>	City <u>Cranston</u>	State <u>R.I</u>
Zip <u>02904</u>		Zip <u>02910</u>	
Director Name <u>Tyrell Stevens</u>		Director Name	
Street Address <u>65 Narragansett AVE</u>		Street Address	
City <u>Providence</u>	State <u>R.I</u>	City	State
Zip <u>02907</u>		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Leroy Robinson</u>			Date <u>03/31/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

FILED

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

MAR 31 2025

BY SATLE eg FORM 631- Revised 12/2023