



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 BSD  
25 MAR 31 PM 4:25:42

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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.			
<b>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.</b>			
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 <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