



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.

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1. Entity ID Number <u>001780848</u>		2. Exact name of the Corporation <u>Second Chance Redirect</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Second Chance Redirect will Help people That are Incorporated Find Housing provide Housing and it will Help with The Homelessness to the people of the Needs (Male or Female to redirect in Society)</u>	
4. NAICS Code <u>024029</u>			
6. Principal Office Address <u>994 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>Leroy Robinson Jr</u>	
Street Address <u>36 Carter St 1st</u>		Street Address <u>10 8th Woonsocket AVE</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Woonsocket</u>	State <u>R.I</u> Zip <u>02902</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
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>Eric Perry</u>		Director Name <u>Vivian Morrison</u>	
Street Address <u>642 Laurel Hill AVE</u>		Street Address <u>22 Wyatt St</u>	
City <u>Cranston</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</u> Zip <u>02905</u>
Director Name <u>Chu Kim</u>		Director Name	
Street Address <u>23 White Street</u>		Street Address	
City <u>East Providence</u>	State <u>R.I</u>	City	State
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 <u>Leroy Robinson</u>			Date <u>02/31/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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

FILED

MAR 31 2025
BY 042036
FORM 641 - Revised 12/2023
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