



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2025

- 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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25 MAR 31 PM 4:23:35

1. Entity ID Number 001780848		2. Exact name of the Corporation Second Chance Redirect			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island 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)			
4. NAICS Code 024029					
6. Principal Office Address 994 Charles Street		City North providence		State R.I	Zip 02904
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Leroy Robinson		Vice-President Name Leroy Robinson Jr			
Street Address 36 Carter St 1st		Street Address 10 8th Woonsocket AVE			
City Providence	State R.I	Zip 02902	City Woonsocket	State R.I	Zip 02902
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. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name Eric Perry		Director Name Vivian Morrison			
Street Address 642 Laurel Hill AVE		Street Address 22 Wyatt St			
City Cranston	State R.I	Zip 02920	City Providence	State R.I	Zip 02905
Director Name Chu Kim		Director Name			
Street Address 23 White Street		Street Address			
City East Providence	State R.I	Zip 02915	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 Leroy Robinson				Date 02/31/2025	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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 *[Signature]*  
FORM 641 - Revised 12/2023