



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 001672095		2. Exact name of the Corporation Rhode Island Guardians Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Political, Educational, Scientific, and charitable purposes to promote and enhance opportunities for men and women of color in the profession of criminal justice throughout the state of Rhode Island operating as a 501c3.			
4. NAICS Code 813319					
6. Principal Office Address P.O. Box 113854			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John P. A'Vant			Vice-President Name Orlando Braxton		
Street Address 29 Mark Drive			Street Address 102 W. Greenville Road		
City Lincoln	State RI	Zip 02865	City Greenville	State RI	Zip 02828
Secretary Name Madison Mitchell-Laplante			Treasurer Name Nina Bliss		
Street Address 215 Pleasant View Ave.			Street Address 18 Holiday Drive		
City Smithfield	State RI	Zip 02917	City Lincoln	State RI	Zip 02865
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 John P. A'Vant			Director Name Orlando Braxton		
Street Address 29 Mark Dr.			Street Address 102 W. Greenville Road		
City Lincoln	State RI	Zip 02865	City Greenville	State RI	Zip 02828
Director Name Nina Bliss			Director Name		
Street Address 18 Holiday Dr.			Street Address		
City Lincoln	State RI	Zip 02865	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative John P. A'Vant					Date 4/4/2025
Signature of Officer/Authorized Representative 					

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

APR 04 2025
BY **PZAWY**