



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 000164204

2. Name of Corporation Providence After School Alliance, Inc.

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624110

4. Principal Office Address

No. and Street: 188 VALLEY STREET
SUITE 204

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO MOBILIZE, COORDINATE AND SUPPORT THE NETWORK OF EXISTING PROVIDENCE AFTER SCHOOL PROGRAM PROVIDERS, AND TO ASSIST IN BUILDING THE CAPACITY OF THE CITY OF PROVIDENCE AND NON-PROFIT PROVIDERS OF AFTER SCHOOL PROGRAMS TO INCREASE ACCESS TO

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	MARGARET FARRELL	50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE, RI 02903 USA
DIRECTOR	HENRY HODGE	9 SNAKE HILL ROAD GLOUCESTER, RI 02814 USA
CHAIR	MAYOR BRETT P SMILEY	25 DORRANCE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JAVIER MONTANEZ	797 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JUSTIN REID	15 ADELPHI AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	AMY CRANE	286 NAYATT ROAD BARRINGTON, RI 02806 USA
DIRECTOR	STEPEHN GRACE	300 FRONT STREET PAWTUCKET, RI 02860 USA
DIRECTOR	ASHLIE GRILZ	200 EXCHANGE STREET, UNIT 512 PROVIDENCE, RI 02903 USA
DIRECTOR	NICOLE VERDI	21 LYNDE ST PROVIDENCE, RI 02908 USA
DIRECTOR	BENJAMIN APLEYARD	3 FAIRVIEW CIR BARRINGTON, RI 02806 USA
DIRECTOR	GENESIS SANCHEZ TAVAREZ	36C STONE TRL NORTH PROVIDENCE, RI 02908 USA
DIRECTOR	CAROL LANDAU	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	CHIARA DELTITO SHAROTT	2 CHARLES STREET PROVIDENCE, RI 02904 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOSHUA TEVEROW, ESQ. 55 PINE STREET PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of April, 2025 at 9:00:58 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By GAUTAM SARIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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