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. 001782243

2. Name of Corporation Providence Liberation Center

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
813319

4. Principal Office Address

No. and Street: 36 ASTRAL AVE
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

PROVIDENCE LIBERATION CENTER SHALL SEEK TO PROMOTE A COOPERATIVE AND JUST
SOCIETY BASED ON DEMOCRATIC PRINCIPLES THAT PRIORITIZES HUMAN NEED OVER
INDIVIDUAL ACCUMULATION OF WEALTH. AS AN ORGANIZATION DEDICATED TO SOCIAL
WELFARE, IT SERVES THE GENERAL PUBLIC IN THE PROVIDENCE METROPOLITAN AREA.

PROVIDENCE LIBERATION CENTER WILL ORGANIZE WITH COMMUNITY STAKEHOLDERS IN THE
CITY OF PROVIDENCE AND THE SURROUNDING AREA TO EDUCATE AND ADVOCATE FOR
POLICIES AND STRUCTURES THAT SERVE THE NEEDS OF ALL RATHER THAN JUST THE
ELITE. SUCH POLICIES WILL INCLUDE SEEKING PEACE AND ENDING MILITARISM, THE
PROMOTION OF SOCIAL, RACIAL AND ECONOMIC JUSTICE; AND THE CREATION OF EQUITY
IN AREAS OF LIFE INCLUDING HOUSING, HEALTH, AND EDUCATION.

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
INCORPORATOR	SATYA MOHAPATRA	36 ASTRAL AVE PROVIDENCE, RI 02906 US
DIRECTOR	JAIR PEREZ	17 WILDWOOD AVE PROVIDENCE, RI 02907 US
DIRECTOR	CHRISTIAN TORRE	29 7TH STREET PROVIDENCE, RI 02906 US
DIRECTOR	SATYA MOHAPATRA	36 ASTRAL AVE PROVIDENCE, RI 02906 US
DIRECTOR	MAYA LEHRER	109 PRINCETON AVE PROVIDENCE, RI 02907 US

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

SATYA MOHAPATRA 36 ASTRAL AVE PROVIDENCE , RI 02906

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

Signed this 2 Day of June, 2025 at 7:40:06 PM 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 SATYA MOHAPATRA
Signature of Authorized Person

Form No. 631
Revised 09/07

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