



State of Rhode Island  
Department of State - Business Services Division

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25 AUG 15 PM 4:14:27

Annual Report for the year: 2024  
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 <u>001706986</u>		2. Exact name of the Corporation <u>Ozi Ozaq BELIEVERS, INC.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Non-profit organization that provides second chances to recently released incarcerated folks</u>	
4. NAICS Code <u>611691</u>			
6. Principal Office Address <u>1 Longmeadow Rd</u>		City <u>Lincoln</u>	State <u>RI</u>
		Zip <u>02865</u>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Colin Dawson</u>		Vice-President Name	
Street Address <u>1 Longmeadow</u>		Street Address	
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	
Secretary Name <u>Monthon Dominic</u>		Treasurer Name	
Street Address <u>219 Bellevue Ave</u>		Street Address	
City <u>Providence</u>	State <u>R</u>	Zip <u>02907</u>	
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>Germai Dawson</u>		Director Name <u>Anthony Constant</u>	
Street Address <u>1 Longmeadow Rd</u>		Street Address <u>1 Longmeadow Rd</u>	
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	
Director Name <u>Monthon Dominic</u>		Director Name	
Street Address <u>219 Bellevue Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	
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>Colin Dawson</u>			Date <u>08/15/2025</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

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BY RMPXG