



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

No Fee

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

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2025

1. Corporate ID No. 001757672

2. Name of Corporation Ocean State RCV

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

813410

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 71 OLNEY ST

#3

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EXCLUSIVELY FOR CHARITABLE AND/OR EDUCATIONAL PURPOSES, PURSUANT TO SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (OR THE CORRESPONDING SECTION(S) OF

ANY FUTURE TAX CODE), TO EDUCATE THE PUBLIC ABOUT INNOVATIVE

SYSTEMS TO IMPROVE DEMOCRACY, SUCH AS RANKED-CHOICE VOTING, BY PROVIDING SUFFICIENTLY FULL AND FAIR EXPOSITIONS OF PERTINENT FACTS TO PERMIT INDIVIDUALS AND THE PUBLIC TO FORM INDEPENDENT OPINIONS OR CONCLUSIONS ABOUT THE MERITS OF SUCH SYSTEMS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	LEAH CREIGLOW	415 NARRAGANSETT PKWY WARWICK, RI 02888 USA
DIRECTOR	TONY C JONES	45 WATSON AVENUE NARRAGANSETT, RI 02882 USA
DIRECTOR	MICHAEL GARMAN	71 OLNEY ST PROVIDENCE, RI 02906 USA

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

MICHAEL GARMAN 22 BURNSIDE AVENUE NEWPORT , RI 02840

Signed this 9 Day of September, 2025 at 12:03:17 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 MICHAEL J GARMAN
Signature of Authorized Person

Form No. 631
Revised 09/07