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State of Rhode Island
Department of State - Business Services Division

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	2. Exact name of the Corporation
001752324	Wanubi Community Inc.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Operates as a cultural and social enterprise focused on community empowerment through music, arts, and education, centered around producing events and youth programs that foster unity, cultural awareness + economic growth.
4. NAICS Code	
813410	

6. Principal Office Address	City	State	Zip
166 Valley St. Bldg 6M	Providence	RI	02909

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name: Timerante Andreozzi			Vice-President Name: Keisha Rollins		
Street Address: 166 Valley St Bldg 6M			Street Address: 166 Valley St Bldg 6M		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Secretary Name: Ashlee Carter			Treasurer Name: Katie Benson		
Street Address: 166 valley ST Bldg 6M			Street Address: 166 Valley ST Bldg 6M		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name: Katie Benson			Director Name: Jennifer Cheridor		
Street Address: same as above			Street Address: 166 Valley St Bldg 6M		
City	State	Zip	City: Providence	State: RI	Zip: 02909
Director Name: Timerante Andreozzi			Director Name		
Street Address: same as above			Street Address		
City	State	Zip	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.

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	Date
Timerante Andreozzi	10/8/2025
Signature of Officer/Authorized Representative	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
OCT 08 2025
BY KV P91EM 2:18PM

FORM 631- Revised: 12/2023