R.I. DEPT. OF STATE BUS SVCS DIV

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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

Amendments 2022

 \rightarrow 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		<u> </u>	
001696824	JDPI - Juveril	· Delingueary	Prevention	TIT
3. State of Incorporation	JDPI - Juvenile Delinquency Prevention Initiative 5. Brief description of the character of business conducted in Rhode Island			
e T	A mentoring program for at-risk youth			
4. NAICS Code	mentoring	program for at	t-risle you	H
813410	ages 11-13 via	workshops an	d mentarce	hiac
				·· · · ·
6. Principal Office Address	•	City	State	Zıp
22 Parsonage st # 311		Providence	LI	
7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name				
Brandon Kobinson		Vice-President Name Michael Shepard		
Street Address 22 Patsonzge	st # 311	Street Address	· · · · · ·	#311
City Providence	State Zip OZ903	City Providence	State RT	Zin
Secretary Name Michela Serra			-	02903
Street Address		Street Address		
City D	<u>est #311</u>	Street Address 22 Parsona	se st 1	# 311
Fouidence	State FI Zip 02903	City Providence	State	Zip 02903
a. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.				
Director Name Ot I Director Name				
Street Address		Director Name Gruy Salesman		
22 125501298 St tt 711		Street Address 22 Parsonage St #311		
City Providence	State Zip 02903	City Providence	StateRI	Zip 02903
Director Name Michael Shepard	· · · · · · · · · · · · · · · · · · ·	Director Name		02102
Street Address		Michela Serrano		
City 0 22 Varsonage	<u>st # 311</u>	27 P_{2}		
City fratidence	State P Z Zip 02903	City Providence	State LT	^{Zip} 02903
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 Authonzed Representative, Receiver or Trustee				
Name of Officer/Authorized Represe	ntative		Date	
Brandon R	Lobinson		6/13	22
Signature of Onicer/Authorized Representative				
19-1 11 c 6/13/22				
AAIL TO:				
48 W. River Street, Providence, Rhode Is Phone: (401) 222-3040	land 02904-2615	JUN 14 2022		
				Davida de adversa :
		AA N', 36A	L L Y = PORM 631	- Revised: 11/2021

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 14, 2022 11:36 AM

Tulli U. Sola

Nellie M. Gorbea Secretary of State

