



**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 FILING YEAR 2023: 2023**

**1. Corporate ID No.** 001725476

**2. Name of Corporation** Red.Lined

**3. State of Incorporation**

State: RI

**ARTICLE III**

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

624190

**4. Principal Office Address**

No. and Street: 31 DICKINSON AVE

City or Town: NORTH PROVIDENCE State: RI Zip: 02904-3631 Country: USA

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

PROVIDE FREE AND ACCESSIBLE MENSTRUAL SUPPLIES AND KITS THROUGHOUT CENTRAL RHODE ISLAND, WITH A FOCUS ON SCHOOLS, PANTRIES AND OTHER HIGHLY ACCESSIBLE LOCATIONS.

**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
ASSISTANT DIRECTOR	JASON NASCIMENTO	31 DICKINSON AVE NORTH PROVIDENCE, RI 02904-3631 US
ASSISTANT DIRECTOR	DEBORAH L TEEMAN	43 BELCOURT AVE NORTH PROVIDENCE, RI 02911 US
DIRECTOR	ERIN J NASCIMENTO	31 DICKINSON AVE NORTH PROVIDENCE, RI 02904-3631 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**

ERIN J NASCIMENTO 31 DICKINSON AVENUE NORTH PROVIDENCE , RI 02904

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

**Signed this 29 Day of April, 2023 at 10:01:15 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 ERIN J NASCIMENTO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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