



**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. 001730586

2. Name of Corporation The Workers' Sanctuary

3. State of Incorporation

State: RI

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
813110

4. Principal Office Address

No. and Street: 1542 MAIN ROAD

City or Town: TIVERTON

State: RI

Zip: 02878-4417

Country: USA

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

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: LIVE OUR BELIEFS, FAITH, TENETS AND CREED. REACH OUT TO WORKING PEOPLE THROUGHOUT THEIR LIVES, WORKING AND NON-WORKING, BEFORE, DURING

AND AFTER THEIR TIME OF NEED. CREATE SPECIFIC PROGRAMS FOR UNDERSERVED COMMUNITIES AND ASSOCIATED DEMOGRAPHIC GROUPS.

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
PRESIDENT	DANIEL JOHN DEREN	1542 MAIN ROAD TIVERTON, RI 02878 USA
TREASURER	DANIEL JOHN DEREN	1542 MAIN ROAD TIVERTON, RI 02878 USA
SECRETARY	MARILYN C. DEREN	1542 MAIN ROAD TIVERTON, RI 02878 USA
VICE PRESIDENT	MARILYN C. DEREN	1542 MAIN ROAD TIVERTON , RI 02878 USA
DIRECTOR	DANIEL JOHN DEREN	1542 MAIN ROAD TIVERTON, RI 02878 USA
DIRECTOR	MARILYN C. DEREN	1542 MAIN ROAD TIVERTON, RI 02878 USA
DIRECTOR	NATHAN D. DEREN	1542 MAIN ROAD TIVERTON, RI 02878 USA

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

DANIEL J. DEREN 1542 MAIN ROAD TIVERTON , RI 02878-4417

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

Signed this 30 Day of May, 2023 at 2:39:08 AM 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 DANIEL J. DEREN
Signature of Authorized Person

Form No. 631
Revised 09/07

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