



**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2023
Corporation

JUL 25 2023
BY 2882
Re

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001749013		2. Exact name of the Corporation Coaching For Change, Inc.	
3. Principal Office Address 117 Beach Rd.		City Bristol	State RI
		Zip 02809	
4. NAICS Code 813410		6. Brief description of the character of business conducted in Rhode Island Recruit diverse college students for part time paid internships. We then train college students to become mentors. Match college mentors with local elementary, middle and high schools. Provide on-going professional	
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Marquis Taylor		Vice-President Name Karen-McOwen Ryan	
Street Address 117 Beach Rd.		Street Address 7 Copper Beach Cir.	
City Bristol	State RI	City West Bridgewater	State MA
Zip 02809		Zip 02379	
Secretary Name		Treasurer Name Jeremy Seidman	
Street Address		Street Address 427 Winthrop st. Ste. A	
City	State	City Taunton	State MA
Zip		Zip 02780	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael Rand		Director Name Ed Cabellon	
Street Address 11 Hawthorne		Street Address 427 Winthrop st. Ste. A	
City Wellesley	State MA	City Taunton	State MA
Zip 02481		Zip 02780	
Director Name Elizabeth Volpe		Director Name Jason Kropp	
Street Address 427 Winthrop st. St		Street Address 1 Brookdale Ave.	
City Taunton	State MA	City Wellesley	State MA
Zip 02780		Zip 02482	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
			PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.			
Name of Authorized Representative Sheryl Marshall			Date 7/21/23
Signature of Authorized Representative <i>Sheryl Marshall</i>			

MAIL TO:
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