



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

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SECRETARY OF STATE
CORPORATIONS DIV
2024 JUN 10 PM 2:48

Annual Report for the year: 2024

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 001666341		2. Exact name of the Corporation BUILDING BRIDGES PROVIDENCE, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ADVOCACY FOR PUBLIC SPACES			
4. NAICS Code 813319					
6. Principal Office Address 95 CHESTNUT STREET			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name SHARON STEELE			Vice-President Name		
Street Address 95 CHESTNUT STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name BRIAN HELLER		
Street Address			Street Address 200 OLNEY STREET		
City	State	Zip	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTHONY SANTURRI			Director Name CHRIS MARSELLA		
Street Address 95 CHESTNUT STREET			Street Address 95 CHESTNUT STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name NORA BARRE			Director Name		
Street Address 95 CHESTNUT STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative SHARON STEELE				Date 06/04/2024	
Signature of Officer/Authorized Representative <i>Sharon Steele</i>					

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
JUN 10 2024
BY *AKMAD*
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FORM 611 Revised: 12/2023