



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

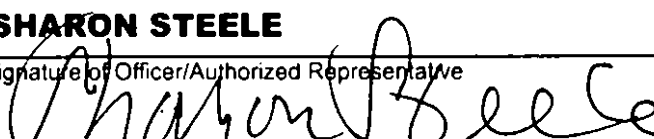
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SECRETARY OF STATE  
CORPORATIONS DIV

2024 JUN 10 PM 2:48

**Annual Report for the year: 2023**

**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<br><b>001666341</b>  |                 | 2. Exact name of the Corporation<br><b>BUILDING BRIDGES PROVIDENCE, INC.</b>                                     |  |                           |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>ADVOCACY FOR PUBLIC SPACES</b> |  |                           |                     |
| 4. NAICS Code<br><b>813319</b>   |                 |  |  |                           |                     |
| 6. Principal Office Address<br><b>95 CHESTNUT STREET</b>   |                 |  | City<br><b>PROVIDENCE</b>                | State<br><b>RI</b>        | Zip<br><b>02903</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |  |                           |                     |
| President Name <b>SHARON STEELE</b>  |                 |  | Vice-President Name                      |                           |                     |
| Street Address <b>95 CHESTNUT STREET</b>   |                 |  | Street Address                           |                           |                     |
| City <b>PROVIDENCE</b>   | State <b>RI</b> | Zip <b>02903</b>   | City                                     | State                     | Zip                 |
| Secretary Name   |                 |  | Treasurer Name <b>BRIAN HELLER</b>       |                           |                     |
| Street Address   |                 |  | Street Address <b>200 OLNEY STREET</b>   |                           |                     |
| City   | State           | Zip  | City <b>PROVIDENCE</b>                   | State <b>RI</b>           | Zip <b>02903</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |  |                           |                     |
| Director Name <b>ANTHONY SANTURRI</b>  |                 |  | Director Name <b>CHRIS MARSELLA</b>      |                           |                     |
| Street Address <b>95 CHESTNUT STREET</b>   |                 |  | Street Address <b>95 CHESTNUT STREET</b> |                           |                     |
| City <b>PROVIDENCE</b>   | State <b>RI</b> | Zip <b>02903</b>   | City <b>PROVIDENCE</b>                   | State <b>RI</b>           | Zip <b>02903</b>    |
| Director Name <b>NORA BARRE</b>  |                 |  | Director Name                            |                           |                     |
| Street Address <b>95 CHESTNUT STREET</b>   |                 |  | Street Address                           |                           |                     |
| City <b>PROVIDENCE</b>   | State <b>RI</b> | Zip <b>02903</b>   | City                                     | State                     | Zip                 |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                 |  |  |                           |                     |
| <b>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.</b>        |                 |  |  |                           |                     |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>  |                 |  |  |                           |                     |
| Name of Officer/Authorized Representative<br><b>SHARON STEELE</b>  |                 |  |  | Date<br><b>06/04/2024</b> |                     |
| Signature of Officer/Authorized Representative<br>  |                 |  |  | <b>FILED</b>              |                     |

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**JUN 10 2024**  
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 FORM 631 - Revised 12/2023