



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 100893		2. Exact name of the Corporation DESTINY HOUSE, INC			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO EMPOWER ADOLESCENTS, PREGNANT AND PARENTING TEENS AND FAMILIES IN COMMUNITIES OF COLOR TO OVERCOME TRAUMA AND BREAK THE CYCLE OF VIOLENCE AND POVERTY			
5. Principal office address 83 GALLATIN STREET -		City PROVIDENCE	State RI	Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROCHELLE Y. BAKER, M.Ed, MSW		Vice-President Name			
Street Address 200 ORCHARD STREET		Street Address			
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name JUDY L. PERRY, BA		Treasurer Name RENAY OMISORE, MBA			
Street Address 1 SALMON STREET		Street Address 213 SACKETT STREET			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02907
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SHERA BAKER, MSW, LCSW		Director Name JOAN BLAIR SKEFFINGTON			
Street Address 200 ORCHARD STREET		Street Address 20 ELMCROFT AVENUE			
City CRANSTON	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02908
Director Name JAMIE L. JONES		Director Name PHILLIP LOWRY, LMHC			
Street Address 81 GALLATIN STREET		Street Address 176 LEAH STREET			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE,	State RI	Zip 02909
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

FILED

AUG 13 2013

Signature of Officer

ROCHELLE Y. BAKER, M.Ed, MSW 6/25/2013

Print or Type Name of Officer

President, Board of Directors

Title of Officer