



State of Rhode Island and Providence Plantations
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: June 1 - June 30

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: 2014

1. Corporate ID No. 000148925

2. Name of Corporation New Assets, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 10 TALL PINES DRIVE

City or Town: BARRINGTON

State: RI Zip: 02806 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE FINANCIAL AND ADVISORY SERVICES TO ENTERPRISES FOR SOCIAL CHANGE IN DEVELOPING COUNTRIES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name | Address |
|-----------|-----------------|---|
| PRESIDENT | BARBARA CERVONE | 10 TALL PINES DRIVE BARRINGTON, RI 02806 UNI |
| SECRETARY | MARTHA BROUWER | 3521 NW 70TH ST SEATTLE, WA 98117 USA |

| | | |
|----------|-----------------|--|
| DIRECTOR | KIM WYNN | 1510 HIGH POINT ST LOS ANGELES, CA 90035 USA |
| DIRECTOR | HANNAH GEMAN | FREEMAN PKWY PROVIDENCE, RI 02906 USA |
| DIRECTOR | SHARESE BULLOCK | 6 E 32ND STREET, 8TH FLOOR NEW YORK, NY 10016 USA |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BARBARA CERVONE 10 TALL PINES DRIVE BARRINGTON , RI 02806

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

Signed this 2 Day of May, 2014 at 5:30:41 PM 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 BARBARA T CERVONE
Signature of Authorized Person

Form No. 631
Revised 09/07

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