



**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
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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