

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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.	2. Exact name of the Corporation	
154165	Youth leadersh	rip Institute Inc.
3. State of Incorporation	4. Brief description of the character	of business conducted in Rhode Island
KI	Imbassador	of business conducted in Rhode Island Laup & Empower as Globally in a Bully Free Zone!
5. Principal office address O Homes tec	id Road	Wood River Jd. RI 202894
President Name	AND ADDRESSES) ("X" BOX FO	Vice-Arasident Name
Bela Vo	Ka	Chastity Machado
Street Address	Stead Road	Street Address 340 Broad Pock Rd
Wood River Jet.	State Zip OZ894	City Keneld RT 02879
Secretary Name (MA) (MAC	hado	Treasurer Name Peresa Santos
Street Address Chuy	h Street	Street Address 20 eigth Street 2nd flr.
Good River ld	State Zip 02894	City Providence State Zi82914
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)		
Director Name	Joka	Director Name Machado
	tead Road	Street Address & Church Street
Wood Kiver Lt.	State Zip 2894	Wood River Jd. State Zip 2894
Director Name NUSTA	Machado	Director Name
Street Address Street Address Dv oac	d Rock RD.	Street Address
Wakefield	RI Zip 2879	City State Zip
8. REGISTERED AGENT IN RHOI	The second secon	
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, duly Authorized Representating, Receiver.		
or Trustee	r the Fresident, vice-Fresident, sec	etaly, Assistant Secretary, Treasurer, duly Authorized Representation, Receiver
File Date	EII CF	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.
Check No	FILED	and that an oratements epittametralerin are true and correct.
By:	MAY 0 4 201	5 Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE U	se only 24	8196

Form No. 631 Revised: 04/2014