



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. 29084		2. Exact name of the Corporation Partners With Haiti	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The administration of assisting Haitians (in Haiti) spiritually, educationally and medically	
5. Principal office address 25 Old County Road		City Barrington	State R.I
		Zip 02806	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Joseph Bradley		Vice-President Name Peter Riefler	
Street Address 345 Granite Road		Street Address 24 Conway Dr	
City Ossipee	State N.H	City Barrington	State R.I
Zip 03864		Zip 02806	
Secretary Name Lisa M. Homes		Treasurer Name Robert St Julien	
Street Address 1025 A Main Street		Street Address 860 LaFayette Way	
City Wareham	State MA	City Inverness	State FL
Zip 02576		Zip 34453	
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 Martinez Jouin		Director Name Linda Noel	
Street Address P.O. Box 40739 10615 NW 2nd Ct		Street Address N. Church Lane SE Apt 1112	
City Ft Lauderdale	State FL	City Smyrna	State GA
Zip 33340		Zip 30339	
Director Name Claude Noel		Director Name	
Street Address 7708 Margate Blvd Unit 5		Street Address	
City Margate	State FL	City	State
Zip 33063		Zip	
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, duly Authorized Representative, Receiver or Trustee

FILED

MAY 04 2015

File Date _____

Check No _____

By: _____

BY 581

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.

Signature of Officer or Authorized Representative

Date

4/28/2015

FOR SECRETARY OF STATE USE ONLY

Peter Riefler

Print or Type Name of Officer or Authorized Representative