

## 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

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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		
		_	
7-99338	New Bridges for	Hout Success1	nc.
3. State of Incorporation	4. Brief description of the character of bu	siness conducted in Rhode Island	Organization to
	New 3010 900 is 5	of(C)3 Nonprofit	0080012000 G
KI	Sorving the Haiting	Community of K	ì
5. Principal office address		City	State Zip
371 Jaure Hil	AND THE RESIDENCE OF THE PARTY	founter	122 024 20
6 LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
President Name	Carporal	Vice-President Name	S SS 70
Street Address	3000	Street Address	<b>3</b> 8 9 9
321 /0460/	Hill Avenue	28 Esie St	1 23 E
City	State Zip	CITY	State Zip
(sout an	12 02820	100 Vidence	KI DAOSTIM
Secretary Name	11:000	Treasurer Name	3 95 P
Street Address	ana	Street Address	UKOW South
100 EXMONED	Arcot #15011	140 Contor Lia	,
Sity ,	State Zip	City	State Zip
rovidence	KJ 02903	East Gaemilish	RI 1000221
7. LIST <u>ALL</u> DIRECTORS (NAMI	ES AND ADDRESSES). RHODE ISLAND	CORPORATIONS MUST LIST NO L	SS THAN THREE (3) DIRECTORS
("X" BOX FOR ATTACHMENT		Director Name	
Director Name	(-panels	Director Name	2044
Street Address	GEOLGY	Street Address	
371 lausel Hi	II Arpener	138 Alto Stee	1
City	State Zip	City	State Zip
Copyoten	K-1 02720	coans ten	LK1 100408
Director Name  Director Name			
Street Address	Jen Co	Street Address	1
100 Exchan	is- Street	DR Esie 9	456eV
City	State, Zip	Eng.	State Zip
100 vidence	15-1 100103	Midente	12 02908
8 REGISTERED AGENT IN RHO This information is currently of	record in the Office of the Secretary of	State Changes require filing Form 6	A1
	er the President, Vice-President, Secretary		• • • • • • • • • • • • • • • • • • • •
or Trustee		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	autorized Heptederiaate, Hedelied
	FILED	-	
r og state til state fra flest fra 1825. Se state fra 18	Figure 1 ILLU	Under penalty of perjury, I declare	and affirm that I have examined
File Date	MAD no 2016	this report, including any accomp	anying schedules and statements,
MAR 0 8 2016 and that all statements contained herein are true and correct.			
	Pg242830	( )	2 /2/11
By:		Signature of Officer or Authorized R	epresentative Date
FOR SECRETARY OF STATE U	ISEONLY 3:55		
		Bernard S	Georges
Form No. 631		Print or Type Name of Officer or Aut	horized Representative