



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 2016

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. 486744	2. Exact name of the Corporation HAITIAN AMERICAN PARTNERSHIP FOR POSITIVE ACTION RHODE ISLAND - HAPPA-RI		
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island TO PROVIDE A VITAL LINK BETWEEN THE HAITIAN COMMUNITY IN RI AND ALL GOVERNMENT AND PRIVATE INSTITUTIONS TO ALL PERTINENT SOCIAL, ECONOMIC, CULTURAL, EDUCATIONAL AND OTHER INFORMATION THAT CAN BE AIDED		
5. Principal office address 154 Waterman St. Suite 1B		City PROVIDENCE	State RI
		Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name JEAN ROBERT BOIS		Vice-President Name KARL JANEZ BOIS	
Street Address 40 HOMO AVE		Street Address 154 Waterman St. Suite 1B	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
Secretary Name ROBERTSON ST. ANNE		Treasurer Name KARL JANEZ BOIS	
Street Address 100 HOMO AVE		Street Address 80 Glenbridge AVE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02908	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name BRADY RICHMOND		Director Name CARL ST. ANNE	
Street Address 95 RANDALL ST.		Street Address 40 HOMO AVE	
City PAWTUCKET	State RI	City PROVIDENCE	State RI
Zip 02860		Zip 02908	
Director Name VERLIND BONTENP		Director Name	
Street Address 111 LENOX AVE		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02907		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

File Date
Check No.
By
FOR SECRETARY OF STATE ONLY

FILED

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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

Print or Type Name of Officer or Authorized Representative