



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

Non-Profit Corporation Annual Report for the year: 2016 2016 MAY 12 PM 12:15

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
941676		Hatian Christian Charities			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Cherity, Food Clothing, ? contributions			
5. Principal Office Address		City	State	Zip	
24 Buffalo Ct.		Providence	RI	02909	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name		Vice-President Name			
Travis Fisher		Barbara Fisher			
Street Address		Street Address			
24 Buffalo Ct.		24 Buffalo Ct			
City	State	Zip	City	State	Zip
Providence	RI	02909	Providence	RI	02909
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		Director Name			
Mark Fisher		Travis Fisher			
Street Address		Street Address			
24 Buffalo Ct		24 Buffalo Ct			
City	State	Zip	City	State	Zip
Providence	RI	02909	Providence	RI	02909
Director Name		Director Name			
Barbara Fisher					
Street Address		Street Address			
24 Buffalo Ct					
City	State	Zip	City	State	Zip
Providence	RI	02909			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Mark Fisher				5/12/16	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	
<i>Mark Fisher</i>					

FILED 12:15

MAY 12 2016

BY JPB 274136

STAMP