



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000941947

2. Name of Corporation North End Outreach

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 459 SMITH STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RESURRECTING COMMUNITY BACK INTO OUR NEIGHBORHOOD. UNDER THE 501C3 SECTION OF THE INTERNAL REVENUE CODE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DEREK EARL HAZARD	104 WALLER ST. PROVIDENCE, RI 02908 US
TREASURER	RICKY SINGLETON	83 BARSTOW ST. PROVIDENCE , RI 02909 US

SECRETARY	RAMO LUIS RIVERA	9 ARK CT. PROVIDENCE , RI 02908 US
VICE PRESIDENT	RODNEY DALZON	80 GLENBRIDGE PROVIDENCE, RI 02909 US
DIRECTOR	STEVEN SANTOS	66 FRUITHILL AVE. PROVIDENCE , RI 02909 US
DIRECTOR	JAMES WILSON	35 LAWN ST. PROVIDENCE , RI 02908 US
DIRECTOR	RONALD GRAHM	78 OPPER ST. PROVIDENCE , RI 02908 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DEREK HAZARD 459 SMITH STREET PROVIDENCE , RI 02908

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of July, 2016 at 6:56:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RAMON RIVERA
Signature of Authorized Person

Form No. 631
Revised 09/07

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