



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

Annual Report for the year: 2014
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2016 AUG -3 AM 10:53

1. Entity ID Number 154165		2. Exact name of the Corporation Youth Leadership Institute Inc	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To Educate, Equip & Empower as a Global Bully Free Environment	
5. Principal Office Address 6 Homestead Rd.		City Wood River Jct.	State RI
		Zip 02894	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bella Noka		Vice-President Name Chastity Machado	
Street Address 6 Homestead Road.		Street Address 1340 Broad Rock Rd.	
City Richmond	State RI	Zip 02894	City Wakefield
			State RI
			Zip 02879
Secretary Name Chali Machado		Treasurer Name Teresa Santos	
Street Address 368 Church St.		Street Address 30 Eighth St. 2nd fl apt. A	
City Richmond	State RI	Zip 02894	City E. Providence
			State RI
			Zip 02914
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Bella Noka		Director Name Chali Machado	
Street Address 6 Homestead Road		Street Address 368 Church St.	
City Wood Richmond	State RI	Zip 02894	City Wood Richmond
			State RI
			Zip 02894
Director Name Chastity Machado		Director Name	
Street Address 1340 Broad Rock Rd.		Street Address	
City Wakefield	State RI	Zip 02879	City
			State
			Zip
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Bella Noka			Date 5-3-15
Signature of Officer/Authorized Representative			

SIGN DOCUMENT HERE

FILED ←

AUG 03 2016

BY CU 280540

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov