



**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: 2017

1. Corporate ID No. 001336044

2. Name of Corporation Bridging the Gap Wellness Programs

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Corporate Address in Rhode Island

No. and Street: 126 SISSON STREET

City or Town: PROVIDENCE

State: RI

Zip: 02909

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

TO ADDRESS WELLNESS IN THE UNDERSERVED COMMUNITY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	DOMONEEQUE ROLLE	79 UNION NORTH KINGSTOWN, RI 02852 USA
CEO	JEMEL SPENCE-STRAUGHN	7828 HANOVER PARKWAY GREENBELT, MD 20770 USA
ASSISTANT TO CEO	NATALIE LAROCHE	134 HOOVER STREET NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JULIE CASIMIRO	329 WICKHAM ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	LINDREA SPENCE	300 PELHAM PARKWAY UNIT 3N NEW ROCHELLE, NY 10806 USA
DIRECTOR	ROSS JAELEN STROBERT	7828 HANOVER PARKWAY GREENBELT, MD 20770 USA
DIRECTOR	DOMONEEQUE SHONTE ROLLE	126 SISSON STREET PROVIDENCE, RI 02909 USA
DIRECTOR	KEITH ROLLE	25 SMITH STREET PROVIDENCE, RI 02907 USA

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

J. SPENCE 79 UNION DRIVE, APT. D111 NORTH KINGSTOWN , RI 02852

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

Signed this 12 Day of June, 2017 at 12:39:15 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 JEMEL SPENCE STRAUGHN
Signature of Authorized Person

Form No. 631
Revised 09/07