



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

2018

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

2018 MAY 30 PM 12:50

1. Entity ID Number 000135357		2. Exact name of the Corporation PATIZOTE DE LA ZONE	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island RAISE FUNDS FOR SCHOOL in HAITI	
4. NAICS Code 813219			
6. Principal Office Address 166 RALEIGH AVE UNIT 1		City PAWTUCKET	State RI Zip 02860
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name JEAN ROBERT FRANCOIS		Vice-President Name GEORGE MILKOWSKI	
Street Address		Street Address 166 RALEIGH AVE UNIT 1	
City JACMEC	State HAITI	City PAWTUCKET	State RI Zip 02860
Secretary Name ELIZABETH PHELPS		Treasurer Name NONE	
Street Address		Street Address	
City NEWPORT	State RI Zip 02840	City	State Zip
8. 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 checked="" type="checkbox"/></span>			
Director Name NOAILLES SAINT LOUIS		Director Name SHERENA WAGNAC	
Street Address 222 GENTIAN AVE		Street Address 187 SINCLAIR AVE	
City PROVIDENCE	State RI Zip 02908	City PROVIDENCE	State RI Zip 02907
Director Name RITSMA MOISESTIC		Director Name FALON TANIA JEAN-GILLES	
Street Address 935 PONTIAC AVE APT 56		Street Address 80 CLEVELAND AVE	
City CRANSTON	State RI Zip 02920	City PROVIDENCE	State RI Zip 02909
9. 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 GEORGE MILKOWSKI		Date 5/30/2018	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE MAY 30 2018	