



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

Annual Report for the year:  
 Non-Profit Corporation

2019

2019 APR - 1 AM 11:45

- Filing period: June 1 - June 30
- Filing Fee: \$29.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>001626624</b>		2. Exact name of the Corporation <b>FAITH &amp; ACTION</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>offer medical care, schooling, and Housing for ORPHAN GIRL in HAITI</b>			
4. NAICS Code <b>B13212</b>					
6. Principal Office Address <b>193 LYNCH ST Providence R.I 02908</b>		City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02908</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Bertha Stvil Narcisse</b>		Vice-President Name <b>Betsy Stvil</b>			
Street Address <b>193 Lynch St</b>		Street Address <b>193 Lynch St</b>			
City <b>providence</b>	State <b>R.I.</b>	Zip <b>02908</b>	City <b>providence</b>	State <b>R.I.</b>	Zip <b>02908</b>
Secretary Name <b>Liliane Bisimwa</b>		Treasurer Name			
Street Address <b>11 Federal St</b>		Street Address			
City <b>WARREN</b>	State <b>R.I.</b>	Zip <b>02885</b>	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 type="checkbox"/></span>					
Director Name <b>BERTHA STVIL NARCISSE</b>		Director Name <b>Liliane Bisimwa</b>			
Street Address <b>193 Lynch St</b>		Street Address <b>11 Federal St</b>			
City <b>providence</b>	State <b>R.I.</b>	Zip <b>02908</b>	City <b>WARREN</b>	State <b>R.I.</b>	Zip <b>02885</b>
Director Name <b>Betsy Stvil</b>		Director Name			
Street Address <b>193 Lynch St</b>		Street Address			
City <b>providence</b>	State <b>R.I.</b>	Zip <b>02908</b>	City	State	Zip
<input checked="" type="checkbox"/> 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 <b>BERTHA NARCISSE</b>				Date <b>4/1/19</b>	
Signature of Officer/Authorized Representative <i>Bertha</i>				<b>FILED</b> <b>APR 01 2019</b> <b>BY ZKHCY</b>	

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