



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

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

MAIL TO:
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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