



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

Annual Report for the year:
Non-Profit Corporation

2019

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

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SECRETARY OF STATE
CORPORATIONS DIVISION

2019 APR - 1 AM 11:45

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

BY ZKHcy

MAIL TO:
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