



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: 2018  
 Non-Profit Corporation

2019 APR - 1 AM 11:45

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- 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 Medicare, 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 ST/IL NARCISSE</b>		Vice-President Name <b>Betsy ST/IL</b>	
Street Address <b>193 LYNCH SE</b>		Street Address <b>193 LYNCH ST</b>	
City <b>providence</b>	State <b>R.I.</b>	City <b>providence</b>	State <b>R.I.</b>
Zip <b>02908</b>		Zip <b>02908</b>	
Secretary Name <b>Liliane BISIMWA</b>		Treasurer Name	
Street Address <b>11 Federal SE</b>		Street Address	
City <b>WARREN</b>	State <b>R.I.</b>	City	State
Zip <b>02885</b>		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 ST/IL NARCISSE</b>		Director Name <b>Liliane BISIMWA</b>	
Street Address <b>193 LYNCH SE</b>		Street Address <b>11 Federal SE</b>	
City <b>providence</b>	State <b>R.I.</b>	City <b>WARREN</b>	State <b>R.I.</b>
Zip <b>02908</b>		Zip <b>02885</b>	
Director Name <b>Betsy ST/IL</b>		Director Name	
Street Address <b>193 LYNCH SE</b>		Street Address	
City <b>providence</b>	State <b>R.I.</b>	City	State
Zip <b>02908</b>		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.			
<b>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.</b>			
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>		<b>FILED</b>	Date <b>4/1/19</b>
Signature of Officer/Authorized Representative 		<b>APR 01 2019</b>	
		<b>BY [Signature] ZKMCY</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