



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 MAY 21 PM 2:53

1. Entry ID Number <u>0011662808</u>		2. Exact name of the Corporation <u>Day Break outreach ministries</u>			
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>community based, to help those less fortunate by feeding clothing and providing shelter</u>			
4. NAICS Code <u>621610</u>					
6. Principal Office Address <u>79 Ivan St</u>			City <u>North Prov.</u>	State <u>R.I.</u>	Zip <u>02904</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Rhonda Wright</u>			Vice-President Name <u>Myrna Ratchford</u>		
Street Address <u>79 Ivan St</u>			Street Address <u>53 Sussex St</u>		
City <u>North Prov.</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>Prov</u>	State <u>R.I.</u>	Zip <u>02908</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Loretta Thornton</u>			Director Name <u>Rhonda Wright</u>		
Street Address <u>14 Beacon St</u>			Street Address <u>79 Ivan St</u>		
City <u>Central Fall</u>	State <u>R.I.</u>	Zip <u>02863</u>	City <u>North Prov.</u>	State <u>R.I.</u>	Zip <u>02904</u>
Director Name <u>Myrna Ratchford</u>			Director Name		
Street Address <u>53 Sussex St</u>			Street Address		
City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02908</u>	City	State	Zip
9. 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 <u>Rhonda Wright</u>				Date <u>5/21/19</u>	
Signature of Officer/Authorized Representative <u>Rhonda Wright</u>					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov