



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 DIV

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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) Check the box to indicate an attachment <input type="checkbox"/>					
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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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>RI</u>	Zip <u>02863</u>	City <u>North Prov.</u>	State <u>RI</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>RI</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.					
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 <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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY ANDRA
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