



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

Annual Report for the year:

2017

Non-Profit Corporation

→ 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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CORPORATION DIV

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1. Entity ID Number 0011662808		2. Exact name of the Corporation Day Break outreach Ministries			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island community Based, To Help those Less Fortunate by feeding clothing and providing shelter			
4. NAICS Code 621610					
6. Principal Office Address 79 Ivan St			City North Prov.	State R.I.	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rhonda Wright			Vice-President Name Myrna Ratchford		
Street Address 79 Ivan St			Street Address 53 Sussex St		
City North Prov.	State R.I.	Zip 02904	City Prov	State R.I.	Zip 02908
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 Loretta Thornton			Director Name Rhonda Wright		
Street Address 14 Beacon St			Street Address 79 Ivan St		
City Central Fall	State R.I.	Zip 02863	City North Prov.	State R.I.	Zip 02904
Director Name Myrna Ratchford			Director Name		
Street Address 53 Sussex St			Street Address		
City Providence	State R.I.	Zip 02908	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.					
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 Rhonda Wright				Date 5/21/19	
Signature of Officer/Authorized Representative Rhonda Wright					

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