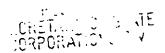
RI SOS Filing Number: 201993813170 Date: 5/21/2019 2:54:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation



2019 MAY 21 PM 2: 53

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

Entity ID Number	2. Exact name of the Corporation					
00110102808	Day Break outreach Ministries					
3 State of Incorporation	E. Drief description of the observator of husiness and until dis Charles to be					
R.I.	Community Eased To Help those Less Fording Fordunate By Feeding Clothing and Providing Sherter					
4. NAICS Code	Morhing and Providing Sherter					
621610						
6. Principal Office Address			City	*	State	Zip
79 Ivan 84			North	Prop.	R.I	40960
7. List ALL officers (names and addresses)					ck the box to indicate	an attachment
President Name Rhonda Wright			Vice-President Name MUTDO Rathb Ford			
Street Address St			Street Address Busen St.			
Bordh Prav.	State T.	100000 J	Gity	,-	State	Zip
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	<u></u>	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name			Director Name			
Street-tora thornson			Rhonda Wright			
Street Address			Street Address Tran 34			
Central fall	State	^{Zp} 02963	City Dory	h Prov.	State I	zip 2004
Director Name Nyma Ratch	Director Name					
Street Address			Street Address			
<u>53 Suasex</u>	State	Zip	City	· - ·-	State	
rouidence.	NT.	102908	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, Transpirer, dufy Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Representative Date						
TRhonda 11700 pt						
Signature of Officer/Authorized Representative						
Khonda Wught MANU!						
MAIL TO: Division of Business Services						
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040						

Website: www.sos.n.gov