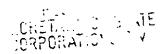


State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Non-Profit Corporation

2017



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	f the Corporation			· · · · · · · · · · · · · · · · · · ·
0011elo 2808	Day Break outreach Ministries				
3 State of Incorporation	5. Brief description of the character of business conducted in Phode Island				
お , 工、	Less Englander Forward Bu feeding				
4. NAICS Code	Community Based To Help those Less Fording Fordings Sheller and Providing Sheller				
621610		Q 141 - 1	,	·	
6. Principal Office Address	•	•	City	State	Zip
79 Ivan 84			Worth Prov.	R.I	40960
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name Rhonda Wright			Vice-President Name  NVICOO ROLL TO		
Street Address			Street Address		
79 Transt	TState	T	58 Busar		Tax
Worth Prov.	State T.	02904°	Pros	State R. ±	2ip 07905
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and ac	ddresses). RI Corr	orations MUST lis	t at least THREE directors.		
Director Name  Director Name  Director Name					
Larettora thornton			Rhona Wright		
Street Address			Street Address TYON 34		
City	Ctata	Zip	City	State	Zin ,
	Court	13001 マ	1 1 1 - 4 - 4 - 4 - 5	1 TO Y-	しがつののル
Central fall	TR I	69863	North 1400.	RE	12904
Central fall Director Name INTERNA Ratch	aford_	29862	Director Name	RE	1502904 
Director Name  Nyma Ratch  Street Address	Ford St	63863	North 1400.	RE	153904 
Director Name  Thyrna Ratch  Street Address  53 Subsex  City	Ford S+	2ip	Director Name	State	
Director Name Myrna Ratch Street Address 53 Subsex	State	2ip 02908	Director Name  Street Address  City	State	
Director Name  Nyma Ratch  Street Address  53 Singsex  City  Providen (P)  9. Registered Agent in Rhode Islan  Under penalty of perjury, I declar	State nd. This information is re and affirm that	Zip O 3008 is currently of record	Director Name  Street Address  City  in the Department of State. Change  this report, including any ac	State ges require filing Form 64	1.
Director Name  Director Name  Street Address  STANCE  Street Address  STANCE  Street Address  STANCE  9. Registered Agent in Rhode Islan  Under penalty of perjury, I declar  statements, and that all statements	State and. This information in the and affirm that ints contained here.	Zip O 2008 is currently of record I have examined rein are true and	Director Name  Street Address  City  in the Department of State. Change this report, including any accorrect.	State  ges require filing Form 64  ccompanying schedu	1. Iles and
Director Name  Nyma Ratch  Street Address  53 Singsex  City  Providen (P)  9. Registered Agent in Rhode Islan  Under penalty of perjury, I declar	State	Zip O 2008 is currently of record I have examined rein are true and	Director Name  Street Address  City  in the Department of State. Change this report, including any accorrect.	State  ges require filing Form 64  ccompanying schedu	1. Iles and
Director Name  Nyma Ratch  Street Address  53 Sybsex  City  Providence  9. Registered Agent in Rhode Islan  Under penalty of perjury, I declar  statements, and that all statement  This report must be signed by either the Pres  Name of Officer/Authorized Repres  Rhonda	State	Zip O 2008 is currently of record I have examined rein are true and	Director Name  Street Address  City  in the Department of State. Change this report, including any accorrect.	State ges require filing Form 64 accompanying scheduleresentative, Receiver or Trus	1. Iles and
Director Name  Director Name  NYMA  Street Address  SIDBSEX  City  Provide PC  9. Registered Agent in Rhode Islan  Under penalty of perjury, I declar  statements, and that all statement  This report must be signed by either the Pres	State	Zip O 2008 is currently of record I have examined rein are true and	Director Name  Street Address  City  in the Department of State. Change this report, including any accorrect.	State ges require filing Form 64 accompanying scheduleresentative, Receiver or Trus	1. Iles and
Director Name  Nyma Ratch  Street Address  53 Sybsex  City  Providence  9. Registered Agent in Rhode Islan  Under penalty of perjury, I declar  statements, and that all statement  This report must be signed by either the Pres  Name of Officer/Authorized Repres  Rhonda	State	Zip O 2008 is currently of record I have examined rein are true and	Director Name  Street Address  City  in the Department of State. Change this report, including any accorrect.	State ges require filing Form 64 accompanying scheduleresentative, Receiver or Trus	1. Iles and

Phone: (401) 222-3040 Website: www.sos.n.gov