



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2020
 Non-Profit Corporation

2020 JAN 29 PM 2:19

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 799338		2. Exact name of the Corporation New Bridges for Haitian Success (NB4115)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island New Bridges is a 501(c)3 nonprofit organization dedicated helping Haitian immigrants and Haitian-Americans integrate into Rhode Island	
4. NAICS Code 524190			
6. Principal Office Address 103 Elmwood Avenue		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name	
Omar Bah		Valery Desrosiers	
Street Address		Street Address	
28 Eric Street		41 Newport	
City	State	City	State
Providence	RI	Providence	RI
Zip		Zip	
02908		02908	
Secretary Name Niyoka Powell		Treasurer Name Valery Desrosiers	
Street Address 196 Windmill St Apt 2		Street Address 41 Newport	
City	State	City	State
Providence	RI	Warwick	RI
Zip		Zip	
02904		02889	
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 Bernard Georges		Director Name Estimote Edavies	
Street Address 24 Hackman Place		Street Address 653 Newport Street	
City	State	City	State
Warwick	RI	Newwood	MA
Zip		Zip	
02889		02062	
Director Name Bernard Georges		Director Name Bernard Georges	
Street Address 24 Hackman Place		Street Address 24 Hackman Place	
City	State	City	State
Warwick	RI	Warwick	RI
Zip		Zip	
02889		02889	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Bernard Georges			Date 1-29-2020
Signature of Officer/Authorized Representative			

FILED

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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