



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

Annual Report for the year:
Non-Profit Corporation

2019

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- 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 000149960		2. Exact name of the Corporation YIELD - Youth Institute for Empowerment + Leadership Development	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious, charitable, Educational + Scientific purpose include for such purpose the ones of a faith based organization on the use of new strategies.	
4. NAICS Code 813110			
6. Principal Office Address 232 Woonasquett Avenue		City N. Providence	State RI Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Jenny Rosario		Vice-President Name Rosa Taina Rosario	
Street Address 934 Narragansett Blvd		Street Address 232 Woonasquett Avenue	
City Providence	State RI	City N. Providence	State RI Zip 02911
Secretary Name Julio Sabater - Pastor		Treasurer Name Pastor Abigail Rijos	
Street Address 1580 Smith Street		Street Address 297 Grove Street	
City Providence	State RI	City Providence	State RI Zip 02909
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 Carolina Ramos		Director Name Rev. Julia Feliz	
Street Address 60 Jenkins St.		Street Address 887 Central Ave	
City Providence	State RI	City Pawtucket	State RI Zip 029
Director Name Pastor Abigail Rijos		Director Name	
Street Address 297 Grove Street		Street Address	
City Providence	State RI	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 Jenny Rosario - Rev.			Date 1/31/2020
Signature of Officer/Authorized Representative <i>Rev. Jenny Rosario</i>			

FILED

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