



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Non-Profit Corporation

FEB 03 2023 STAMP  
 4571

- Filing period February 1 - May 1
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000029084</b>		2. Exact name of the Corporation <b>Partners with Haiti</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide for the spiritual, educational, medicinal AND NUTRITIONAL needs of HAITIANS</b>			
4. NAICS Code <b>813110 Religious</b>					
6. Principal Office Address <b>25 Old County Road</b>		City <b>Barrington</b>	State <b>R.I</b>	Zip <b>02806</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert St Julien</b>			Vice-President Name <b>Peter Riefler</b>		
Street Address <b>860 Lafayette Way</b>			Street Address <b>24 Conway Dr</b>		
City <b>Inverness</b>	State <b>FL</b>	Zip <b>34453</b>	City <b>Barrington</b>	State <b>R.I</b>	Zip <b>02806</b>
Secretary Name <b>Ben Perkins</b>			Treasurer Name <b>Cheryl Kimball</b>		
Street Address <b>24 Riverdale Ave</b>			Street Address <b>288 Island Pond Rd</b>		
City <b>Dover</b>	State <b>N.H.</b>	Zip <b>03820</b>	City <b>Derry</b>	State <b>N.H</b>	Zip <b>03038</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Renes Deciere</b>			Director Name <b>Stephane knight</b>		
Street Address <b>11 Rue Charboniere Delmas 33</b>			Street Address <b>14140 Abington Ave</b>		
City <b>Port au Prince</b>	State <b>Haiti</b>	Zip	City <b>Detroit</b>	State <b>Mi</b>	Zip <b>48227</b>
Director Name <b>ALAN PERKINS</b>			Director Name		
Street Address <b>81 North Road</b>			Street Address		
City <b>Kingston</b>	State <b>N.H</b>	Zip <b>03848</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Peter Riefler</b>				Date <b>Feb 1, 2023</b>	
Signature of Officer/Authorized Representative 					