RI SOS Filing Number: 202336795690 Date: 6/13/2023 1:40:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation
→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation
941947	North End Outreach
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Resurrection Community back Into our Neighborhood Under the 501C3 Section Of The Internal revenue code.
4. NAICS Code	
611110	

6. Principal Office Address	City	State	Zip
459 Smith Street	Providence	RI	02908

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Steven Santos			Vice-President Name James Wilson		
Street Address 56 Charles Street			Street Address 45 Seamans Street		
City East Providence	State RI	Zip 02914	City Providence	State RI	Zip 02908
Secretary Name Lisa Scorpio			Treasurer Name Ronald Graham		
Street Address 9 Berkley Street			Street Address 52 Fruit Hill Avenue		
City Providence	State RI	Zip 02908	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 ☐

Director Name Diann Wilson			Director Name Craig Jones		
Street Address 45 Seamans Street			Street Address 107 Wayne Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Derek Earl Hazard			Director Name Danial Harris		
Street Address 104 Waller Street			Street Address 42 Pumgansette Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Steven Santos	6-2-23

Signature of Officer/Authorized Representative: Steven Santos

FILED
JUN 13 2023
BY 296JP
1:40

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 2/2023