



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2022

→ 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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STATE OF RHODE ISLAND
JUN 13 2023

2023 JUN 13 P 1:34

1. Entity ID Number 941947		2. Exact name of the Corporation North End Outreach			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Resurrection Community back into our Neighborhood Under the 5013 Section of The Internal revenue code.			
4. NAICS Code 611110					
6. Principal Office Address 459 Smith Street		City Providence		State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<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 Steven Santos					Date 6-2-23
Signature of Officer/Authorized Representative <i>[Signature]</i>					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

JUN 13 2023

BY *[Signature]* 796JP
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FORM 631 - Revised: 2/2023