



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation

RECEIVED
 R.I. DEPT. OF STATE
 JUN 13 2023

- 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 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	City Providence	State RI
Zip 02914		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	City Providence	State RI
Zip 02908		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	City Providence	State RI
Zip 02908		Zip 02908	
Director Name Derek Earl Hazard		Director Name Danial Harris	
Street Address 104 Waller Street		Street Address 42 Pungansette Street	
City Providence	State RI	City Providence	State RI
Zip 02908		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>[Handwritten 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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