



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Non-Profit Corporation

RECEIVED
R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION

→ 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 000941947		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 501(c)(3) 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 Derek Earl Hazard		Vice-President Name Rodney Dalzon	
Street Address 104 Waller Street		Street Address 80 Glenbridge Street	
City Providence	State RI	City Providence	State RI Zip 02909
Secretary Name Ramo Luis Rivera		Treasurer Name Ricky Singleton	
Street Address 9 Ark Ct		Street Address 83 Barstow 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 Steven Santos		Director Name Ronald Grahm	
Street Address 66 Fruithill Ave		Street Address 78 Oppen Street	
City Providence	State RI	City Providence	State RI Zip 02908
Director Name James Wilson		Director Name	
Street Address 35 Lawn Street		Street Address	
City Providence	State RI	City	State Zip
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 Steven Santos			Date 5-31-23
Signature of Officer/Authorized Representative <i>Steven Santos</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

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BY *MP* 796JP
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