



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

Annual Report for the year: 2023  
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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 SEP 22 P 2:20

1. Entity ID Number <u>001676624</u>		2. Exact name of the Corporation <u>FAITH &amp; ACTION</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Provide medical care, schooling &amp; nutrition for people of Haiti</u>	
4. NAICS Code <u>813212</u>			
6. Principal Office Address <u>193 Lynch St</u>		City <u>Providence</u>	State <u>R.I.</u> Zip <u>02908</u>
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>BERTHA ST-VIL NARCISSE</u>		Vice-President Name <u>ZACHARIE ST-VIL</u>	
Street Address <u>193 Lynch St</u>		Street Address <u>91 OAKLAND AVE</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>providence</u>	State <u>R.I.</u> Zip <u>02908</u>
Secretary Name <u>DAPHNIDE ST-VIL</u>		Treasurer Name <u>ELIZABETH ST-VIL</u>	
Street Address <u>2341 BLAIR ST</u>		Street Address <u>193 LYNCH ST</u>	
City <u>WILLIAMSPORT</u>	State <u>PA</u>	City <u>providence</u>	State <u>R.I.</u> Zip <u>02908</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>BERTHA ST-VIL NARCISSE</u>		Director Name <u>BETZABEL VAZQUEZ</u>	
Street Address <u>193 Lynch St</u>		Street Address <u>91 OAKLAND AVE</u>	
City <u>providence</u>	State <u>R.I.</u>	City <u>providence</u>	State <u>R.I.</u> Zip <u>02908</u>
Director Name <u>ZACHARIE ST-VIL</u>		Director Name	
Street Address <u>91 OAKLAND AVE</u>		Street Address	
City <u>providence</u>	State <u>R.I.</u>	City	State <u>R.I.</u> 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 <u>Zacharie St-Vil</u>			Date <u>9/22/23</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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

FILED

SEP 22 2023  
BY ML ZQ YAZ  
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