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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

1. Entity ID Number 001755366	2. Exact name of the Corporation OMI Adolescents
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island PROMOTING AND PROVIDING RESOURCES TO GROUPS AND INDIVIDUALS WITH THE PURPOSE OF SUPPORTING WELLNESS AROUND THE WORLD.
4. NAICS Code 813219	

6. Principal Office Address 250 Adirondack Dr	City East Greenwich	State RI	Zip 02818
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anna Deng			Vice-President Name		
Street Address 250 Adirondack DR			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 Anna Deng			Director Name Jeffrey Pan		
Street Address 250 Adirondack Dr			Street Address 10 BAYLEY ST		
City East Greenwich	State RI	Zip 02818	City WESTWOOD	State MA	Zip 02090
Director Name Sulina Mohanty			Director Name		
Street Address 45 Saw Mill Drive, Unit 304			Street Address		
City North Kingstown	State RI	Zip 02852	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 Anna Deng	Date 2/5/24
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Signature of Officer/Authorized Representative
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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

FEB 09 2024
BY ML RVG B A