

REC'D RIDOS BSD
24 MAR 14 PM 2:57:26State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

1. Entity ID Number <u>148607</u>		2. Exact name of the Corporation <u>Haiti charity house</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>organization religious educational</u> <u>charitable a community in haiti</u>	
4. NAICS Code <u>813311</u>			
6. Principal Office Address <u>P.O. BOX 114136</u>		City <u>North Providence</u>	State <u>RI</u> Zip <u>02911</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Gabriel Marie</u>		Vice-President Name <u>Jack Hunter Jr</u>	
Street Address <u>158 West Street</u>		Street Address <u>68 Farum Ave</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u> Zip <u>02907</u>
Secretary Name <u>Jenny Gabriel</u>		Treasurer Name <u>none</u>	
Street Address		Street Address <u>none</u>	
City	State	City <u>none</u>	State <u>none</u> Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>David DiGiuseppe</u>		Director Name <u>Queen Kania</u>	
Street Address <u>30 Rolfe square</u>		Street Address <u>30 Rolfe square</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u> Zip <u>02910</u>
Director Name <u>Mary Walkman</u>		Director Name	
Street Address <u>51 Sherman AVE</u>		Street Address	
City <u>Bristol</u>	State <u>RI</u>	City	State <u>RI</u> 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 <u>Marie Gabriel</u>			Date <u>03-14-24</u>
Signature of Officer/Authorized Representative			

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

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BY ML RCE94

FORM 631- Revised: 04/2023