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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	2. Exact name of the Corporation
001732906	HOME OF TRANSFORMATION INTERNATIONAL
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: HELPING LESS FORTUNATE AND UNDERPRIVILEGED
4. NAICS Code: 624229	

6. Principal Office Address	City	State	Zip
JENNEH KOLLIE YARMIN	PAWTUCKET	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JENNEH KOLLIE YARMIN			Vice-President Name: STANLEY K UREY		
Street Address: 167 SISSON STREET			Street Address: 167 SISSON STREET		
City: PAWTUCKET	State: RI	Zip: 02860	City: PAWTUCKET	State: RI	Zip: 02860
Secretary Name: KORVALINE HARPER			Treasurer Name		
Street Address: 167 SISSON STREET			Street Address		
City: PAWTUCKET	State: RI	Zip: 02860	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 ☐

Director Name: JENNEH KOLLIE YARMIN			Director Name: KORVALINE HARPER		
Street Address: 167 SISSON STREET			Street Address: 167 SISSON STREET		
City: PAWTUCKET	State: RI	Zip: 02860	City: PAWTUCKET	State: RI	Zip: 02860
Director Name: STANLEY K UREY			Director Name		
Street Address: 167 SISSON STREET			Street Address		
City: PAWTUCKET	State: RI	Zip: 02860	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	Date
JENNEH KOLLIE YARMIN	**04/19/2024**

Signature of Officer/Authorized Representative: Jenneh K Yarmai

FILED
MAY X 1 2024
BY 4F1182

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

FORM 631- Revised: 12/2023