

## State of Rhode Island

## Department of State - Business Services Division

## Annual Report for the year: 2024 Non-Profit Corporation

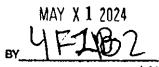
→ Filing period February 1 - May 1 → Filing Fee: \$20.00				<u> </u>	
→ Penalty Additional \$25 00 fee if	form is not filed by	May 31.			
1. Entity ID Number 001732906	2. Exact name of the Corporation HOME OF TRANSFORMATION INTERNATIONAL				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	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 add			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	<sup>Zip</sup> 02860	City PAWTUCKET	S:ate RI	Z <sub>ip</sub> 02860
Secretary Name KORVALINE H	IARPER	Treasurer Name			
Street Address 167 SISSON STREET			Street Address		
City PAWTUCKET	State RI	<sup>Zip</sup> 02860	City	State	Zip
8. List ALL directors (names and ad	ddresses). RI Corp	porations MUST I		ock the box to indicate a	an attachment
Director Name JENNEH KOLLI	E YARMIN		Director Name KORVALINE HARPER		
Street Address 167 SISSON STREET			Street Address 167 SISSON STREET		
City PAWTUCKET	State RI	<sup>Zip</sup> 02860	City PAWTUCKET	State RI	7ip 02860
Director Name STANLEY K UREY			Director Name		
Street Address 167 SISSON STREET			Street Address		
City PAWTUCKET	State RI	<sup>Zip</sup> 02860	City	State	Zip
9. The Registered Agent informatio	n of record with th	e RI Department	of State is accurate. Changes re	quire filing Form 64	1,
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained hei	l have examine rein are true and	d this report, including any ac- f correct.	companying sched	ules and
This report must be signed by either the Pres		Secretary, Assistant S	ecretury. Treasuror duly Authorized Repre	sentative, Receiver or Tru	stee
Name of Officer/Authorized Representative				Date	
JENNEH KOLLIE YARMIN  Signature of Officer/Authorized Representative					
Jenneh K Yarmai FILED					
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rnode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov



FORM 631- Revised: 12/2023