



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 000149960	2. Exact name of the Corporation YIELD Youth Institute for empowerment and Leadership		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To provide a comprehensive faith based strategies that in the hands of Teachers & parents could help the youngsters to effectively deal with life & health challenges in the state of Rhode Island		
4. NAICS Code 813110			
6. Principal Office Address 232 Woonosquatucket Ave		City North Providence	State RI
		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rosa T. Rosario <i>Att. 1 2</i>		Vice-President Name	
Street Address 934 Narragansett Boulevard		Street Address	
City Providence	State RI	Zip 02905	
Secretary Name Rev. Jenny Rosario		Treasurer Name	
Street Address 934 Narragansett Boulevard <i>Att. 1</i>		Street Address	
City Providence	State RI	Zip 02905	
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 Rev. Carolina Ramos		Director Name Abigail Rijos	
Street Address 60 Jenkins st		Street Address 6 Buckin st	
City Prov.	State RI	Zip 02905	
Director Name Maria C Trinidad		Director Name Dr. Jenny Tapia Rosario	
Street Address 9 Wendell st.		Street Address 934 Narragansett Boulevard	
City RI	State Prov	Zip 02909	
		City Prov	State RI
		Zip 02905	
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.			
<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 <i>[Signature]</i>			Date 5/10/24
Signature of Officer/Authorized Representative <i>[Signature]</i>			FILED 253

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MAIL TO:
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