



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001730006

**2. Name of Corporation** Haven Box

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

**4. Principal Office Address**

No. and Street: PO BOX 133

City or Town: SLATERSVILLE

State: RI

Zip: 02876

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE MISSION OF HAVEN BOX IS TO PROVIDE COMFORT BOXES TO SURVIVORS OF SEXUAL VIOLENCE. HAVEN BOX ITEMS ARE CAREFULLY AND COMPASSIONATELY CHOSEN TO SUPPORT THE INHERENT DIGNITY, SELF-CARE, AND RECOVERY OF A PERSON AFTER EXPERIENCING SEXUAL VIOLENCE.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRANDIE LEACH	PO BOX 131 SLATERSVILLE, RI 02876 USA
DIRECTOR	AMANDA RONCHI	8 STANHOPE ST. PROVIDENCE, RI 02904 USA
DIRECTOR	HANN WOODHOUSE	124 WARREN AVE. EAST PROVIDENCE, RI 02914 USA
DIRECTOR	SHANA VANDERWEELE-ORTMAN	87 WHIPPLE AVE. BARRINGTON, RI 02806 USA
DIRECTOR	YESENIA FIGUEROA	15 BELGRADE AVE. PAWTUCKET, RI 02861 USA
DIRECTOR	ALANA SACKS	37 4TH ST. PROVIDENCE, RI 02906 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REGISTERED AGENTS INC 47 WOOD AVE SUITE 2 BARRINGTON , RI 02806

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 29 Day of May, 2024 at 8:31:07 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BRANDIE LEACH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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