



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

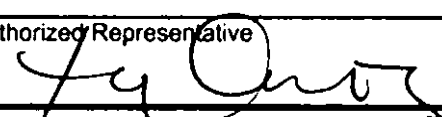
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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SECRETARY OF STATE
CORPORATIONS

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1. Entity ID Number 001684998		2. Exact name of the Corporation Better Living Enterprise			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community faith based non profit organization promoting healthy lifestyle education awereness.			
4. NAICS Code 813110					
6. Principal Office Address 107 Somerts Street		City Brooklyn		State NY	Zip 11233
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Petal Cummings			Vice-President Name Nigel Stoddar		
Street Address 107 Somers Street			Street Address 107 Somers Street		
City Brooklyn	State NY	Zip 11233	City Brooklyn	State NY	Zip 11233
Secretary Name Junior Sandiford			Treasurer Name Pauline Borrowes		
Street Address 107 Somers Street			Street Address 107 Somers Street		
City Brooklyn	State NY	Zip 11233	City Brooklyn	State NY	Zip 11233
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 Petal Cummings			Director Name Nigel Stoddar		
Street Address 107 Somers Street			Street Address 107 Somers Street		
City Brooklyn	State NY	Zip 11233	City Brooklyn	State NY	Zip 11233
Director Name Junior Sandiford			Director Name Pauline Borrowess		
Street Address 107 Somers Street			Street Address 107 Somers Street		
City Brooklyn	State NY	Zip 11233	City Brooklyn	State NY	Zip 11233
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 Luis D. Martinez					Date 07/15/2024
Signature of Officer/Authorized Representative 					

FILED

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

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BY **EHT98**
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