



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 <b>1066911</b>		2. Exact name of the Corporation <b>Compassion Sans Frontier de l'ocombre m Haiti</b>	
3. State of Incorporation <b>R.I</b>		5. Brief description of the character of business conducted in Rhode Island <b>Youth programs, sports, health, cooking, sewing</b>	
4. NAICS Code <b>624190</b>			
6. Principal Office Address <b>80 Glenbridge Ave</b>		City <b>PROV</b>	State <b>R.I</b>
		Zip <b>02909</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Nicole Jean-Gilles</b>		Vice-President Name <b>Jeann Robert Francois</b>	
Street Address <b>80 Glenbridge Ave</b>		Street Address <b>24 Carr St</b>	
City <b>PROV</b>	State <b>R.I</b>	City <b>PROV</b>	State <b>R.I</b>
Zip <b>02909</b>		Zip <b>02909</b>	
Secretary Name <b>Gladys Jean-Georges</b>		Treasurer Name	
Street Address <b>176 Breakheart Hill Rd</b>		Street Address	
City <b>West Greenwich</b>	State <b>R.I</b>	City	State
Zip <b>02817</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Nicole Jean-Gilles</b>		Director Name <b>Jeann Robert Francois</b>	
Street Address <b>80 Glenbridge Ave</b>		Street Address <b>24 Carr St</b>	
City <b>PROV</b>	State <b>R.I</b>	City <b>PROV</b>	State <b>R.I</b>
Zip <b>02909</b>		Zip <b>02909</b>	
Director Name <b>Gladys Jean-Georges</b>		Director Name	
Street Address <b>176 Breakheart Hill Rd</b>		Street Address	
City <b>West Greenwich</b>	State <b>R.I</b>	City	State
Zip <b>02817</b>		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 <b>Nicole Jean-Gilles</b>			Date <b>7/1/2024</b>
Signature of Officer/Authorized Representative <i>Nicole Jean-Gilles</i>			

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 **ANR2**

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FORM 631- Revised: 04/2023