



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.

FORM 631-REVISED
 FEBRUARY 2023

1. Entity ID Number 1066911		2. Exact name of the Corporation Compassion Sans Frontier de l'ocombre m Haiti			
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island Youth programs, sports, health, cooking, sewing			
4. NAICS Code 624190					
6. Principal Office Address 80 Glenbridge Ave			City PROV	State R.I	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicole Jean-Gilles			Vice-President Name Jean Robert Francois		
Street Address 80 Glenbridge Ave			Street Address 24 Carr St		
City PROV	State R.I	Zip 02909	City PROV	State R.I	Zip 02909
Secretary Name Gladyss Jean-Georges			Treasurer Name		
Street Address 176 Breakheart Hill Rd			Street Address		
City West Greenwich	State R.I	Zip 02817	City	State	Zip
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 Nicole Jean-Gilles			Director Name Jean Robert Francois		
Street Address 80 Glenbridge Ave			Street Address 24 Carr St		
City PROV.	State R.I	Zip 02909	City PROV	State R.I	Zip 02909
Director Name Gladyss Jean-Georges			Director Name		
Street Address 176 Breakheart Hill Rd			Street Address		
City West Greenwich	State R.I	Zip 02817	City	State	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 Nicole Jean-Gilles					Date 7/1/2024
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

FILED
AUG 29 2024
BY ANR2
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