

Amended

State of Rhode Island  
Department of State - Business Services DivisionAnnual 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.

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1. Entity ID Number <b>799338</b>		2. Exact name of the Corporation <b>New Bridges for Haitian Success, Inc.</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>New Bridges for Haitian Success mission is to empower and serve the Haitian and Afro-Caribbean communities by providing culturally attuned direct programs / legal</b>	
4. NAICS Code <b>524190</b>			
6. Principal Office Address <b>685 North Main Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</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>Bernard Georges</b>		Vice-President Name <b>Wadner Pierre</b>	
Street Address <b>9 Cynthia Drive</b>		Street Address <b>82 Sawtell Avenue</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>Brockton</b>	State <b>MA</b>
Zip <b>02911</b>		Zip <b>02300</b>	
Secretary Name <b>Grace Gonzalez</b>		Treasurer Name <b>Valery Desrosier</b>	
Street Address <b>434 Greenville Ave</b>		Street Address <b>30 Fleet Wood Ave</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Mount Vernon</b>	State <b>NY</b>
Zip <b>02919</b>		Zip <b>10522</b>	
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>Lurine Pierre-Jerome</b>		Director Name <b>Wadner Pierre</b>	
Street Address <b>16 Washington Drive</b>		Street Address <b>82 Sawtell Ave</b>	
City <b>Randolph</b>	State <b>MA</b>	City <b>Brockton</b>	State <b>RI</b>
Zip <b>02368</b>		Zip <b>02300</b>	
Director Name <b>Rodney Desrosiere</b>		Director Name <b>Rosener Desrosiere</b>	
Street Address <b>68 Marshall Street</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02909</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>Bernard Georges</b>			Date <b>9-22-2024</b>
Signature of Officer/Authorized Representative <i>[Signature]</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

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BY VS222 KS

FORM 631- Revised: 04/2023



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

September 26, 2024 02:22 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

