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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 799338		2. Exact name of the Corporation New Bridges for Haitians Success Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island New Bridges for Haitian success mission is to empower and serve the Haitian and Afro-Caribbean communities by providing culturally attuned direct programs / legal	
4. NAICS Code 524190			
6. Principal Office Address 685 North Main Street		City Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bernard Georges		Vice-President Name Wadner Pierre	
Street Address 9 Cynthia Drive		Street Address 82 Sawtell Avenue	
City North Providence	State RI	City Brocton	State MA
	Zip 02911		Zip 02300
Secretary Name Grace Gonzalez		Treasurer Name Valery Desrosier	
Street Address 434 Greenville Ave		Street Address 30 Fleet Wood Ave	
City Johnson	State RI	City Mount Vernon	State NY
	Zip 02919		Zip 10522
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 Lurine Pierre-Jerome		Director Name Wadner Pierre	
Street Address 16 Washington Drive		Street Address 82 Sawtell Ave	
City Randolph	State MA	City Brocton	State RI
	Zip 02368		Zip 02300
Director Name Rodney Desrosiere		Director Name Rosener Desrosiere	
Street Address 63 Marshall Street		Street Address	
City Providence	State RI	City	State
	Zip 02909		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 Bernard Georges			Date 2-22-2024
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

SEP 26 2024

FORM 631- Revised: 04/2023

BY VS
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