



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
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.

2024 RI SOS MADE NON-SUBSTANTIVE EDITS

REC'D
2105 BSD
24 SEP 30 AM 10:54:35

1. Entity ID Number 001709960		2. Exact name of the Corporation HEALTH EDUCATION & LIVELIHOOD PROGRAMS INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ENGAGE TO: HEALTH INSURANCE FOR LESS PRIVILEGED PEOPLE IN LIBERIA EARLY LEARNING, PRIMARY AND SECONDARY EDUCATION DEVELOPMENT OF CAPACITY OF RURAL DWELLERS	
4. NAICS Code 813212 - Voluntary Health Or <input type="checkbox"/>			
6. Principal Office Address 37 HARRISON STREET, APT.2		City PAWTUCKET	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JEROME KOLANTA		Vice-President Name PETER MENGUN	
Street Address 37 HARRISON STREET, APT.2		Street Address 307 PROSPECT STREET	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Secretary Name		Treasurer Name	
Street Address 307 PROSPECT STREET		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02860		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 JEROME KOLANTA		Director Name PETER MENGUN	
Street Address 37 HARRISON STREET, APT.2		Street Address 307 PROSPECT STREET	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Director Name LILLYMAE KARPEH		Director Name	
Street Address 36 WILMA STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02904		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 JEROME KOLANTA		Date 09/30/24	
Signature of Officer/Authorized Representative 		RI SOS FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

SEP 30 2024

BY FORM 634 - Revised: 11/2021

10-300