RI SOS Filing Number: 202566679610 Date: 3/5/2025 4:00:00 PM

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BY

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation
941947	Northend Outreach
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Resurrection of the community back into our neighborhood
4. NAICS Code: 611110	

6. Principal Office Address	City	State	Zip
459 Smith Street	Providence	RI	02908

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Steven Santos			Vice-President Name: Chester DeWitt		
Street Address: 56 Charles Street			Street Address: 168 Jewett Street		
City: East Providence	State: RI	Zip: 02914	City: Providence	State: RI	Zip: 02908
Secretary Name: Diann Wilson			Treasurer Name: Danial Harris		
Street Address: 45 Seamans Street			Street Address: Pumgansette Street		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name: Craig Jones			Director Name: Lisa Scorpio		
Street Address: 107 Wayne Street			Street Address: 9 Berkley Street		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908
Director Name: Derek Earl Hazard			Director Name: Ronald Graham		
Street Address: 104 Waller Street			Street Address: 52 Fruit Hill Avenue		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02909

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	Date
Steven Santos	2-28-25

Signature of Officer/Authorized Representative: Steven Santos

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023