



State of Rhode Island
Department of State - Business Services Division

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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 001707144		2. Exact name of the Corporation Powerful First			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island increasing the number of minority youth attending ivy league and top tier universities and improving their career prospects through			
4 NAICS Code 624116					
6. Principal Office Address 15 Hewitt		City Providence		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Kenneth Chabert			Vice-President Name		
Street Address 1512 Townsend Ave. Apt 60			Street Address		
City Bronx	State NY	Zip 10452	City	State	Zip
Secretary Name Aziz Neziroski			Treasurer Name Justine Pattantyus-Abraham		
Street Address 15 Hewitt			Street Address 13 Appledore Ave.		
City Providence	State RI	Zip 02909	City Rye	State NH	Zip 03870
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Kenneth Chabert			Director Name Justine Pattantyus-Abraham		
Street Address 1512 Townsend Ave. Apt 60			Street Address 13 Appledore Ave.		
City Bronx	State NY	Zip 10452	City Rye	State NH	Zip 03870
Director Name Aziz Neziroski			Director Name		
Street Address 15 Hewitt			Street Address		
City Providence	State RI	Zip 02909	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 Kenneth Chabert				Date 2-26-2025	
Signature of Officer/Authorized Representative <i>Kenneth Chabert</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
MAR 24 2025
BY *YD9ME*
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FORM 631- Revised 12/2023