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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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: a program with the mission of providing high potential, college-bound inner city high school young men with the tools to be self-sufficient.
4. NAICS Code: 624110	

6. Principal Office Address	City	State	Zip
15 Hewitt	Providence	RI	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	Date
Kenneth Chabert	7/1/2024

Signature of Officer/Authorized Representative: Kenneth Chabert

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

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MAR 24 2025
BY YDNE
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FORM 631- Revised 12/2023