



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 MAY 16 PM 1:21:44

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 <u>001728982</u>		2. Exact name of the Corporation <u>Organisation Nde Pour les Enfants D'Haiti (ONUD)</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Help children of Haiti schooling, clothing and food</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>27 Webb St #1</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Nude Lord Vertus</u>		Vice-President Name <u>Darline Vertus</u>	
Street Address <u>27 Webb St</u>		Street Address <u>27 Webb St</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name <u>Roody Vertus</u>		Treasurer Name	
Street Address <u>27 Webb St</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	City	State
Zip <u>02860</u>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Junior Jerome</u>		Director Name <u>Nude Lord Vertus</u>	
Street Address <u>same as above</u>		Street Address <u>same as above</u>	
City	State	City	State
Zip		Zip	
Director Name <u>Darline Vertus</u>		Director Name	
Street Address <u>same as above</u>		Street Address	
City	State	City	State
Zip		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 <u>Nude Lord Vertus</u>			Date <u>5/16/25</u>
Signature of Officer/Authorized Representative <u>Nude Lord Vertus</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAY 16 2025

FILED
BY BRKD
FORM 631- Revised 12/2023