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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
001777390	NewStart
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: immigration services, support of vulnerable individuals and assistance with legal paperwork and application
4. NAICS Code: 928120	

6. Principal Office Address	City	State	Zip
57 Common St	Providence	RI	02908

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

President Name: Rocio Garcia Blanco			Vice-President Name: Jesus Fabregas		
Street Address: 57 Common St			Street Address: same		
City: Providence	State: RI	Zip: 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	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: Rocio Garcia B			Director Name: Jesus Fabregas E		
Street Address: 57 Common st			Street Address: 57 Common St		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908
Director Name: Jesus Fabregas Garcia			Director Name		
Street Address: 57 Common ST			Street Address		
City: Providence	State: RI	Zip: 02908	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
Rocio Garcia B	07/28/2025
Signature of Officer/Authorized Representative: Rocio Garcia B	

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
JUL 28 2025
BY ESGR

FORM 631- Revised 12/2023