



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.

REC'D RI SOS BSO
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1. Entity ID Number <u>001066911</u>		2. Exact name of the Corporation <u>Compassion sans Frontiere de morge in Haiti</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Youth programs, sports, Health, Coaching, Sewing</u>	
4. NAICS Code <u>624190</u>			
6. Principal Office Address <u>80 Glenbridge Ave</u>		City <u>PROV</u>	State <u>RI</u>
		Zip <u>02909</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Nicole Jean-Gilles</u>		Vice-President Name <u>Jean-Robert Francois</u>	
Street Address <u>80 Glenbridge Ave</u>		Street Address <u>24 Carr St</u>	
City <u>PROV.</u>	State <u>R.I</u>	Zip <u>02909</u>	City <u>PROV</u>
			State <u>RI</u>
			Zip <u>02909</u>
Secretary Name <u>Aladys Jean-George</u>		Treasurer Name	
Street Address <u>176 Breakheart Hill Rd</u>		Street Address	
City <u>West Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>	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 <u>Nicole Jean-Gilles</u>		Director Name <u>Jean-Robert Francois</u>	
Street Address <u>80 Glenbridge Ave</u>		Street Address <u>24 Carr St</u>	
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>PROV</u>
			State <u>RI</u>
			Zip <u>02909</u>
Director Name <u>Aladys Jean-George</u>		Director Name	
Street Address <u>176 Breakheart Hill Rd</u>		Street Address	
City <u>West Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>	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 <u>Nicole Jean-Gilles</u>			Date <u>10/14/2025</u>
Signature of Officer/Authorized Representative <u>Nicole Jean-Gilles</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

FILED

OCT 14 2025

BY KV A800P
11:41AM

FORM 631- Revised: 12/2023