



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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 JAN 19 P 4: 23

1. Entity ID Number 001732906		2. Exact name of the Corporation HOME OF TRANSFORMATION INTERNATIONAL			
3. State of Incorporation 624229		5. Brief description of the character of business conducted in Rhode Island HELPING LESS FORTUNATE AND UNDERPRIVILEGED			
4. NAICS Code 624229 - Other Community H <input type="checkbox"/>					
6. Principal Office Address 167 SISSON STREET			City PAWTUCKET	State RI	Zip 02860
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JENNEH KOLLIE YARMIN			Vice-President Name STANLEY K UREY		
Street Address 167 SISSON STREET			Street Address 167 SISSON STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name KORVALINE HARPER			Treasurer Name		
Street Address 167 SISSON STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JENNEH KOLLIE YARMIN			Director Name KORVALINE HARPER		
Street Address 167 SISSON STREET			Street Address 167 SISSON STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name STANLEY K UREY			Director Name		
Street Address 167 SISSON STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative JENNEH KOLLIE YARMIN				Date 01/19/2023	
Signature of Officer/Authorized Representative <i>J K Yarmai</i>					

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

**FILED**

JAN 19 2023  
 BY ML 61429 FORM 631 - Revised: 11/2021