RI SOS Filing Number: 202454063910 Date: 5/1/2024 4:00:00 PM

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## State of Rhode Island

## **Department of State - Business Services Division**

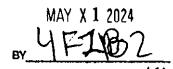
Annual Report for the year: 2024 Non-Profit Corporation			13.850 13.850 13.850			
→ Filing period February 1 - May 1			<b>j</b> eå			
→ Filing Fee: \$20.00 → Penalty Additional \$25.00 fee i	f form is not filed	by May 31.		w		
1. Entity ID Number	·	e of the Corporation			•	
001732906	HOME OF TRANSFORMATION INTERNATIONAL					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	HELPING LESS FORTUNATE AND UNDERPRIVILEGED					
4 NAICS Code	1					
624229	•					
6. Principal Office Address	-		City	State	Zip	
JENNEH KOLLIE YARMIN			PAWTUCKET	RI	02860	
7 List ALL officers (names and ad		•		ck the box to indicate a	n attachment	
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	<sup>Zip</sup> 02860	City PAWTUCKET	S:ate RI	Zip 02860	
Secretary Name KORVALINE HARPER			Treasurer Name			
Street Address 167 SISSON STREET			Street Address			
City PAWTUCKET	State RI	<sup>Zip</sup> 02860	City	State	Zip	
8. List ALL directors (names and a	iddresses). RI C	Corporations MUST		ck the box to indicate :	an attachment	
Director Name JENNEH KOLL	IE YARMIN		Director Name KORVALINE			
Street Address 167 SISSON STREET			Street Address 167 SISSON STREET			
City PAWTUCKET	State RI	<sup>Z<sub>ID</sub></sup> 02860	City PAWTUCKET	State RI	7ip 02860	
Director Name STANLEY K UREY			Director Name			
STAINLET RORET			Chan Address			
Street Address 167 SISSON STREET			Street Address			
City PAWTUCKET	State RI	<sup>Zip</sup> 02860	City	State	Zip	
9. The Registered Agent information	on of record with	n the RI Department	t of State is accurate. Changes re	quire filing Form 64	1.	
Under penalty of perjury, I decla statements, and that all stateme				companying sched	ules and	
This report must be signed by either the Pre		int, Secretary, Assistant S	ecretary. Treasurer duly Authorized Repre	sentative, Receiver or Tru	istee	
Name of Officer/Authorized Repre				Date		
JENNEH KOLLIE YA	RMIN			04/19/20	24	
Signature of Officer/Authorized Re	· •	a.vmai	FILED		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos ri.gov



FORM 631- Revised: 12/2023