



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 310557		2. Exact name of the Corporation US COMMUNITY SERVICES, INC.	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Helping those in need with information on basic needs & referring them to appropriate agencies	
5. Principal office address 594 CRONSTON ST.		City PROVIDENCE	State R.I.
		Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name FREDDY SEPULVEDA		Vice-President Name SAMUEL CRUZ	
Street Address 50 BIRCH ST. APT. 606		Street Address SHADOM I APT. 514	
City CRONSTON	State R.I.	City WARRICH	State R.I.
Zip 02920		Zip 029	
Secretary Name DAYD NARAH BOEE		Treasurer Name ELOY A. MORA	
Street Address 685 CRONSTON ST.		Street Address	
City PROVIDENCE	State R.I.	City PROVIDENCE	State R.I.
Zip 02907		Zip 02907	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name FREDDY SEPULVEDA		Director Name ELOY A. MORA	
Street Address 50 BIRCH ST. APT. 606		Street Address 23 WHITNEY ST.	
City CRONSTON	State R.I.	City PROVIDENCE	State R.I.
Zip 02920		Zip 02907	
Director Name		Director Name SAMUEL CRUZ	
Street Address		Street Address SHADOM I APT. 514	
City	State	City WARRICH	State R.I.
		Zip 029	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

JUL 15 PM 12:35
 CORPORATIONS DIV
 STATE

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

12:38 pm
FILED
 JUL 15 2014
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 KM

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.

Signature of Officer or Authorized Representative: [Signature] Date: 7/15/14
 Print or Type Name of Officer or Authorized Representative: Freddy Sepulveda