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

2014 AUG 29 PM 3:28 SECRETARY OF STATE CORPORATIONS DIVISION

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
166966	Charles St community center + after School Program
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	community center with after school Program and Daycare

5. Principal office address	City	State	Zip
663 Charles ST	Pvd.	RI	02904

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Mario Mancebo	Matthew Bergeron
Street Address: 663 Charles ST	Street Address: 1600 Smith
City: Pvd. State: RI Zip: 02904	City: North Pvd. State: RI Zip: 02840
Secretary Name: Jadaira Flores	Treasurer Name: Lidia Martha Castillo
Street Address: 60 Estern ST	Street Address: 12 Peter apart 1
City: Pawtucket State: RI Zip: 02904	City: Pvd. State: RI Zip: 02904

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Orliandys Mancebo	Mario Mancebo
Street Address: 12 Peter ST	Street Address: 663 Charles ST
City: Pvd. State: RI Zip: 02904	City: Pvd. State: RI Zip: 02904
Director Name: Juan Pablo Goris	Director Name: Julio Mendez
Street Address: 115 Waverly ST	Street Address: 36 west Evans ST
City: Pvd. State: RI Zip: 02907	City: New Port State: RI Zip: 02840

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.

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

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AUG 29 2014
BY KL 231354
3:28

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~~ Date

Mario Mancebo
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014