



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Non-Profit Corporation  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 001338104

2. Name of Corporation Futuro Cierto

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 44 BOWDOIN ST

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 1401 270 9829

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE BASIC NEEDS, FOOD, SHELTER, MEDICATIONS, CLOTHING AND EDUCATION TO DEVELOP SKILLS TO EMPOWER FINANCIAL INDEPENDENCE TO CHILDREN AND THEIR FAMILIES OF UNDERPRIVILEGED COUNTRIES AROUND THE WORLD

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CLARA DIAZ	44 BOWDOIN STREET PROVIDENCE, RI 02907 USA

DIRECTOR	JOSE MARIA GERERRO	42 BOWDOIN STREET PROVIDENCE, RI 02909 USA
DIRECTOR	MATITZA NUMEZ	47 REDWING STREET PROVIDENCE, RI 02907 USA
DIRECTOR	ROSMERR RAYGODA	347 VIZET STREET PROVIDENCE, RI 02904 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CLARA DIAZ 44 BOWDOIN STREET, 2ND FLOOR PROVIDENCE , RI 02904

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

**Signed this 20 Day of June, 2016 at 3:48:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By CLARA DIAZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations  
All Rights Reserved