



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 DIVISION OF BUSINESS SERVICES

| | | | | | |
|--|----------------------|--|---------------------------|----------------------|---------------------|
| 1. Entity ID Number 901646 | | 2. Exact name of the Corporation Lift Hope - Levantando Esperanza (Raising Hope) Levantando Esperanza | | | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Fundraising events and seek donations for a workshop | | | |
| 5. Principal Office Address 50 Randall ST Apt: 7A | | City Providence | State R.I. | Zip 02904 | |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Carlos m. cedeno | | Vice-President Name Katherine U. Cedeno | | | |
| Street Address 50 Randall ST Apt: 7A | | Street Address 50 Randall ST | | | |
| City Providence | State R.I. | Zip 02904 | City Providence | State R.I. | Zip 02904 |
| Secretary Name Ivonne Casiano | | Treasurer Name | | | |
| Street Address 50 Randall ST AP: 7A | | Street Address | | | |
| City Providence | State R.I. | Zip 02904 | City | State | Zip |
| 7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Carlos m. cedeno | | Director Name Katherine U. Cedeno | | | |
| Street Address 50 Randall ST | | Street Address 50 Randall ST | | | |
| City Providence | State R.I. | Zip 02904 | City Providence | State R.I. | Zip 02904 |
| Director Name | | Director Name Ivonne Casiano | | | |
| Street Address | | Street Address 50 Randall ST | | | |
| City | State | Zip | City Providence | State R.I. | Zip 02904 |
| 8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641. | | | | | |
| 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. | | | | | |
| <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 | | | | | Date |
| | | | | | |
| SIGN DOCUMENT HERE | | | | | |

FILED

OCT 11 2016 4:35

By KC 12376130

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