

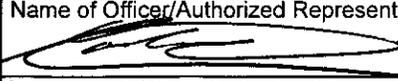


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
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
 BUS. SERVICES DIV.
 2016 OCT 11 PM 4:33

1. Entity ID Number 901646		2. Exact name of the Corporation (Raising Hope) Levantando Esperanza	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Fund raising event + seek donations to build a orphanage	
5. Principal Office Address 50 Randall ST Apt: 7A		City Provi.	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 Provi.	State R.I	City Provi.	State R.I
Zip 02904		Zip 02904	
Secretary Name Ivonne Casiano		Treasurer Name	
Street Address 50 Randall ST Apt: 7A		Street Address	
City Provi. R	State R.I	City	State
Zip 02904		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 Provi.	State R.I	City Provi.	State R.I
Zip 02904		Zip 02904	
Director Name		Director Name Ivonne Casiano	
Street Address		Street Address 50 Randall ST	
City	State	City Provi.	State R.I
Zip 02904		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
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED

OCT 11 2016 4:34

By RC 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