



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
 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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 BUS SVCS DIV

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1. Entity ID Number <u>001658668</u>		2. Exact name of the Corporation <u>Abundancia of Water</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>AN ORGANIZATION MADE UP OF PEOPLE WHO RESIDE IN RI AND THEIR FOCUS IS TO TRY TO BETTER THE LIVES OF FAMILIES IN DOMINICAN REPUBLIC</u>	
5. Principal Office Address <u>223 Linwood Ave Apt 2</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Maggie Rosa</u>		Vice-President Name <u>Julia Ortiz</u>	
Street Address <u>223 Linwood Ave Apt 2</u>		Street Address <u>223 Linwood Ave Apt 2</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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		Director Name <u>Librada Rosa De Perez</u>	
Street Address		Street Address <u>72 Miller Ave Apt 2</u>	
City	State	Zip	
City <u>Providence</u>		State <u>RI</u>	Zip <u>02907</u>
Director Name <u>Felix Antonio Rosa Frias</u>		Director Name <u>Carol Aguasvivas</u>	
Street Address <u>223 Linwood Ave</u>		Street Address <u>955 DYER Ave Apt 1</u>	
City	State	Zip	
City <u>Providence</u>		State <u>RI</u>	Zip <u>02907</u>
City <u>Cranston</u>		State <u>RI</u>	Zip <u>02920</u>
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Maggie Rosa</u>		Date <u>4/3/2017</u>	
Signature of Officer/Authorized Representative <u>Maggie Rosa</u>		SIGN DOCUMENT HERE	

FILED

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BY AN 300011

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov