



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

Annual Report for the year: 2017
 Non-Profit Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 JUN 21 PM 12: 25

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

1. Entity ID Number 001665540	2. Exact name of the Corporation CORPO FOUNDATION		
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island Helping the people in our community and Globally with their needs, etc.		
4. NAICS Code 624229			

6. Principal Office Address 203 ADELAIDE AVE. APT. 1-L	City PROVIDENCE	State RI	Zip 02907
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name JOSE F. PEREZ CORPORAN		Vice-President Name	
Street Address 203 ADELAIDE AVE. APT. 1-L		Street Address	
City PROVIDENCE	State RI	Zip 02907	
Secretary Name SUMAYA PEREZ		Treasurer Name	
Street Address 203 ADELAIDE AVE. APT. 1-L		Street Address	
City PROVIDENCE	State RI	Zip 02907	

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name JOSE F. PEREZ CORPORAN		Director Name WENDY PEREZ SOLIVER	
Street Address 203 ADELAIDE AVE. APT. 1-L		Street Address 203 ADELAIDE AVE. APT. 1-L	
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE
Director Name MERCEDES PEREZ		Director Name	
Street Address 203 ADELAIDE AVE.		Street Address	
City PROVIDENCE	State RI	Zip 02907	

9. 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 JOSE F. PEREZ CORPORAN	Date 6/21/2017
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Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>	
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUN 21 2017
 BY **93306499**