



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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1. Entity ID Number 543300		2. Exact name of the Corporation <i>Center</i> Giving Hope, Enrichment, Time, Opportunity, INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide Mentorship for Boys and Girls Programs through basketball and after school programs			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 29 Christopher Cir			City Westport	State MA	Zip 02790
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carlos Silver			Vice-President Name Rosie Fernandez		
Street Address 29 Christopher Circle			Street Address 206 Gentian Ave		
City Westport	State MA	Zip 02790	City Providence	State RI	Zip 02908
Secretary Name Jessica Caldwell			Treasurer Name Carlos Silver		
Street Address 42 Warren Ave			Street Address 29 Christopher Circle		
City Tiverton	State RI	Zip 02878	City Westport	State MA	Zip 02790
8. 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 Rosie Fernandez			Director Name Bernadette Forbes		
Street Address 206 Gentian Ave			Street Address 7 War Admiral Place		
City Providence	State RI	Zip 02908	City Pawtucket	State RI	Zip 02861
Director Name Edwin Gilbert			Director Name Deanna Zalewski		
Street Address 266 California Ave			Street Address 1781 Planfield Pike		
City Providence	State RI	Zip 02914	City Johnston	State RI	Zip
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 <i>Carlos M Silver</i>					Date <i>6/30/17</i>
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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

JUN 30 2017

BY *C17051722*

FORM 631 - Revised: 06/2017