



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

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 R.I. DEPT. OF STATE
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Annual Report for the year: 2017

Non-Profit Corporation

2017 JUN 30 PM 1:09

- 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 <u>000129748</u>		2. Exact name of the Corporation <u>Hispanics United Development Organization</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Individual & Family Services</u> <u>Mission: to Improve our community Socio Economic & Educational growth.</u>	
4. NAICS Code <u>624190</u>			
6. Principal Office Address <u>61 Georgia Ave</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>EMELDA BENITEZ</u>		Vice-President Name <u>JEIMY GOMEZ</u>	
Street Address <u>61 Georgia Ave</u>		Street Address <u>71 Calhoun St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Secretary Name <u>Helen Morales</u>		Treasurer Name <u>Alexis VALERIO</u>	
Street Address <u>251 Admiral St</u>		Street Address <u>36 Mitchell St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02907</u>	
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 <u>NIEVES Nunez</u>		Director Name <u>Martina Sidique</u>	
Street Address <u>279 California Ave</u>		Street Address <u>51 Cornith St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Director Name <u>MARIA Y. VALDEZ</u>		Director Name <u>Michelle Michen Rivera</u>	
Street Address <u>5 Pine Hollow Rd</u>		Street Address <u>64 Luna St.</u>	
City <u>W WARWICK</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02904</u>	
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 <u>EMELDA BENITEZ</u>		Date <u>6/30/2017</u>	
Signature of Officer/Authorized Representative <u>Emelda Benitez</u>		FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

JUN 30 2017

BY 90307486