



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

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Annual Report for the year:

Non-Profit Corporation

2017

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

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

JUN 30 2017

BY 90307486