



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 001093374

**2. Name of Corporation** C.O.R.E. Development Institute, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 20 FOREST AVENUE

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

C.O.R.E. DEVELOPMENT INSTITUTE (CDI) FOCUSES ON HIGH IMPACT INITIATIVES IN URBAN AND IMMIGRANT COMMUNITIES THROUGH PARTNERSHIPS WITH SMALL COMMUNITY ORGANIZATIONS THAT WILL PROMOTE GROWTH AND DEVELOPMENT OF HUMAN, FINANCIAL, EDUCATIONAL AND OTHER PHYSICAL RESOURCES AS WELL AS INCREASE ACCESS TO THOSE RESOURCES FOR COMMUNITY MEMBERS.CDI LOOKS TO FACILITATE FOR COMMUNITY MEMBERS AND STAKEHOLDERS THE CREATION OF SUSTAINABLE INITIATIVES THAT WILL ALSO DEVELOP FUTURE

LEADERS AND SERVE AS A LONG TERM CATALYST IN SUPPORTING EFFORTS TO ENHANCE AND INNOVATE AREAS OF THE COMMUNITY VITAL TO THE WELL-BEING OF INDIVIDUALS AND FAMILIES IN THAT COMMUNITY.CDI PLANS TO ACCOMPLISH THESE GOALS THROUGH VARIOUS PARTNERSHIPS, ACTIVITIES AND EVENTS CENTERED ON COMMUNITY ENGAGEMENT & LEADERSHIP OPPORTUNITIES FOR YOUTH, COMMUNITY MEMBERS AND AGENCIES, COMMUNITY EVENTS THAT FOCUS ON MENTORING AND LIFE SKILL DEVELOPMENT, FUND RAISING EFFORTS FOR PURPOSES OF ENHANCING TECHNOLOGICAL INFRASTRUCTURE AND EDUCATIONAL RESOURCES IN URBAN SCHOOLS AND COMMUNITY CENTERS, AND THROUGH THE CREATION OF SCHOLARSHIP OPPORTUNITIES FOR YOUTH.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	AMARILDO BARBOSA	20 FOREST AVENUE CUMBERLAND, RI 02864 USA
DIRECTOR	KEVIN AVELAR	20 FOREST AVENUE CUMBERLAND, RI 02864 USA
DIRECTOR	PAULO PINA	20 FOREST AVENUE CUMBERLAND, RI 02864 USA
DIRECTOR	JAMES AVELAR	20 FOREST AVENUE CUMBERLAND, RI 02864 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

AMARILDO BARBOSA 20 FOREST AVENUE CUMBERLAND , RI 02864

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 1 Day of July, 2017 at 7:25:02 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By AMARILDO BARBOSA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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