



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

Annual Report for the year: **2017**

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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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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1. Entity ID Number 000798246		2. Exact name of the Corporation Community Angels			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island COMMUNITY ANGELS IS DEDICATED TO HELPING FAMILIES AND CHILDREN IN THE COMMUNITY THROUGH ANNUAL HOLIDAY EVENT TO HAND OUT COATS, TOYS, FOOD BASKETS AND CLOTHING TO THOSE IN NEED			
4. NAICS Code 813319					
6. Principal Office Address 955d DYER AVE			City CRANSTON	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CAROL AGUASVIVAS			Vice-President Name WENDY AGUASVIVAS		
Street Address 955d DYER AVE			Street Address 10 SUMTER ST		
City CRANSTON	State RI	Zip 02920	City PROVIDENCE	State RI	Zip 02907
Secretary Name DELFIN RODRIGUEZ			Treasurer Name EDUARDO SANTOS		
Street Address 10 SUMTER ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	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 <input type="checkbox"/>					
Director Name ISABEL REEVES			Director Name CARLOS TAVERAS		
Street Address 109 WADSWORTH ST			Street Address 48 Sumter St. Prov.		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02907
Director Name FRANCIA CRUZ			Director Name		
Street Address 345 Whitechapel Ave			Street Address		
City PROVIDENCE	State RI	Zip	City	State	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative CAROL AGUASVIVAS				Date 11/15/2017	
Signature of Officer/Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE					

FILED

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

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 FORM 631 - Revised: 10/2017

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