



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 MAY 29 PM 12:17

Annual Report for the year: 2018

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.

1. Entity ID Number 001658668		2. Exact name of the Corporation abundance of water			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island organization made up of people who residen RI their fonds is thy to better the lives of family in dominican republuic			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 223 Linwood ave.			City providence	State Rhode Island	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Maggie Rosa			Vice-President Name Julio Ortiz		
Street Address 223 Linwood ave.			Street Address 223 Linwood ave.		
City Providence	State R. I.	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Maria Eduvigis Rosa Frias			Treasurer Name		
Street Address 223 Linwood ave.			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment ☐					
Director Name Maggie Rosa			Director Name Julio Otiz		
Street Address 223 Linwood ave.			Street Address 223 Linwood ave.		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Carol Aguasvivas			Director Name Librada Rosa de Perez		
Street Address 955 Dyer ave.			Street Address 72 Miller ave.		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02905
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 Maggie Rosa				Date 5/29/18	
Signature of Officer/Authorized Representative <i>Maggie Rosa</i>				FILED SIGN DOCUMENT HERE MAY 29 2018 <i>333/455</i>	