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	2. Exact name of the Corporation
001658668	**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 peaple 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	City	State	Zip
223 Linwood ave.	**providence**	**Rhode Island**	**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.

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	Date
Maggie Rosa	5/29/18

Signature of Officer/Authorized Representative: Maggie Rosa — SIGN DOCUMENT HERE

FILED
MAY 29 2018
BY 331455

MAIL TO:
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