



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUN -7 AM 9:25

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 941967		2. Exact name of the Corporation <i>National and international Caritas organization for the missionary organization national & international & catholic missions</i>	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>This organization work for the community and church.</i>	
4. NAICS Code 624190			
6. Principal Office Address 467 public St. Prop.		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Daine Corton		Vice-President Name Mariano Valentin	
Street Address 467 public St.		Street Address 88 Cleveland St.	
City Providence	State RI	City Central falls	State RI
Zip 02907		Zip 02863	
Secretary Name Mariel pereira		Treasurer Name Agustina Mariano	
Street Address Washington St Central falls.		Street Address 44 prescott St.	
City Central falls	State RI	City Providence	State RI
Zip 02863		Zip 02909	
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 Daine Corton		Director Name Mariano Valentin	
Street Address 467 public St.		Street Address 88 Cleveland St.	
City Providence	State RI	City Central falls	State RI
Zip 02907		Zip 02903	
Director Name Agustina Mariano		Director Name Agustina Mariano	
Street Address 44 prescott St.		Street Address 44 prescott St.	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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 Daine Corton			Date 06/07/18
Signature of Officer/Authorized Representative <i>Daine Corton</i>			

SIGN DO **FILED** HERE

JUN 07 2018

BY 332137

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