



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 AUG -3 PM 1:07

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 000951359		2. Exact name of the Corporation Foundation Joined Hands For Children			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Foundation committed to health, education and recreation for children in need.			
4. NAICS Code 813990					
6. Principal Office Address 321 Ohio Ave			City Providence	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anadilia Media			Vice-President Name ANTHIA FANNA		
Street Address 321 Ohio Ave			Street Address 215 Ohio Ave		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Sherly M Media			Treasurer Name Domingo A Cabrera		
Street Address 64 ELmdale Ave 1st Fl			Street Address 236 Vermont Ave		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02905
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 Anadilia Media			Director Name ANTHIA FANNA		
Street Address 321 Ohio Ave			Street Address 215 Ohio Ave		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Sherly M Media			Director Name Domingo A Cabrera		
Street Address 64 ELmdale Ave 1st Fl			Street Address 236 Vermont Ave		
City Providence	State RI	Zip 02909	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Julio ALcantara					Date 8-3-18
Signature of Officer/Authorized Representative 					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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