



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2017
 Non-Profit Corporation

2018 AUG -3 PM 1:07

- 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	City Providence	State RI
Zip 02905		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	City Providence	State RI
Zip 02909		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	City Providence	State RI
Zip 02905		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	City Providence	State RI
Zip 02909		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 Julio ALcantara			Date 8-3-18
Signature of Officer/Authorized Representative <i>[Signature]</i>			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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