



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 00703083		2. Exact name of the Corporation Volunteers Organized In Community Services			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To organize a volunteers corps of concerned citizens to rise community educational awareness for the empowerment of disvantage individuals in our society.			
4. NAICS Code 813110					
6. Principal Office Address 1 Cadillac Dr Apt 618			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 Toracia Williams			Vice-President Name Marie Louis		
Street Address 4413 International Court #14			Street Address 2011 Ocean Ave Apt 2G		
City Berrieng Spring	State MI	Zip 49103	City Brooklyn	State NY	Zip 11230
Secretary Name Cynthia King			Treasurer Name Cynthia King		
Street Address 6683 Hawksmoore Dr			Street Address 6683 Hawksmoore Dr		
City Orlando	State FL	Zip 32818	City Orlando	State FL	Zip 32818
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 Toracia Williams			Director Name Marie Louis		
Street Address 4413 International Court #14			Street Address 2011 ocean Ave Apt 2G		
City Berrieng Spring	State MI	Zip 49103	City Brooklyn	State NY	Zip 11230
Director Name Cynthia King			Director Name		
Street Address 6683 Hawksmoore Dr			Street Address		
City Orlando	State FL	Zip 32818	City	State	Zip
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 Luis D. Martinez					Date 06/27/18
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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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 BY *[Signature]* 336385
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