



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

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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 STAMP
 2019 MAR 15 PM 12:08

1. Entity ID Number 798246		2. Exact name of the Corporation Community Angels			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island COMMUNITY ANGELS A PARTNERSHIP BETWEEN YOUTH, ADULTS, AND COMMUNITY LEADERS WHERE YOUNG PEOPLE AND THEIR FAMILIES ARE INVOLVED IN CREATING POSITIVE SOCIAL CHANGE. OUR GOAL IS TO HAVE A LARGE AND DIVERSE GROUP OF MEMB			
4. NAICS Code 813319					
6. Principal Office Address 955D Dyer ave apt 91			City cranston	State ri	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carol Aguasvivas			Vice-President Name Isabel Reeves		
Street Address 955D Dyer ave apt 91			Street Address 109 Wadsworth ave		
City cranston	State RI	Zip 02920	City providence	State ri	Zip 02908
Secretary Name Wendy Aguasvivas			Treasurer Name		
Street Address 10 sumter st			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 <input type="checkbox"/>					
Director Name Delfin Rodriguez			Director Name Carlos Taveras		
Street Address 10 sumter st			Street Address 48 sumter stq		
City providence	State ri	Zip 02907	City providence	State ri	Zip 02907
Director Name Charina Reguero			Director Name		
Street Address 8 Crown St			Street Address		
City Providence	State RI	Zip 02908	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.					
<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 Carol Aguasvivas					Date 3/14/19
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

FILED
 MAR 15 2019
 BY **OPB K1554**

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