



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.

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SECRETARY OF STATE
CORPORATIONS DIV

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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 Peguero		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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Carol Aguasvivas				Date 3/14/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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Website: www.sos.ri.gov