



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

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

Annual Report for the year: **2019**

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 <b>798246</b>		2. Exact name of the Corporation <b>Community Angels</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>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</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>955D Dyer ave apt 91</b>			City <b>cranston</b>	State <b>ri</b>	Zip <b>02920</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Carol Aguasvivas</b>			Vice-President Name <b>Isabel Reeves</b>		
Street Address <b>955D Dyer ave apt 91</b>			Street Address <b>109 Wadsworth ave</b>		
City <b>cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>providence</b>	State <b>ri</b>	Zip <b>02908</b>
Secretary Name <b>Wendy Aguasvivas</b>			Treasurer Name		
Street Address <b>10 sumter st</b>			Street Address		
City <b>providence</b>	State <b>ri</b>	Zip <b>02907</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Delfin Rodriguez</b>			Director Name <b>Carlos Taveras</b>		
Street Address <b>10 sumter st</b>			Street Address <b>48 sumter stq</b>		
City <b>providence</b>	State <b>ri</b>	Zip <b>02907</b>	City <b>providence</b>	State <b>ri</b>	Zip <b>02907</b>
Director Name <b>Charina Pevero</b>			Director Name <b>Charina Pevero</b>		
Street Address <b>8 Crown St</b>			Street Address <b>8 Crown St</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Carol Aguasvivas</b>				Date <b>3/14/19</b>	
Signature of Officer/Authorized Representative 					

**FILED**  
 MAR 15 2019  
 BY **AK1BJ4**

MAIL TO:  
 Division of Business Services  
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