



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

STATE OF RHODE ISLAND  
 DEPARTMENT OF STATE  
 CORPORATIONS DIV

Annual Report for the year:  
 Non-Profit Corporation

2019

2019 MAR 28 PM 1:41

- 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 <u>001680074</u>		2. Exact name of the Corporation <u>RESTORING LIVES RESTAURANTE VIDA'S CDC, INC</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>provide community development, organizing serving our local community by engaging in a broad range of strategies that promote health education and development organized under 5013C</u>	
4. NAICS Code <u>524190</u>			
6. Principal Office Address <u>116 Elm Dale ave 2 Floor</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02909</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>TAYLOR LUIS ENCAINACION</u>		Vice-President Name <u>INGRID ENCAINACION</u>	
Street Address <u>116 Elm Dale ave 2 Floor</u>		Street Address <u>116 Elm Dale ave 2 Floor</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
Secretary Name <u>EDWIN CRUZ</u>		Treasurer Name <u>INGRID ENCAINACION</u>	
Street Address <u>24 AUGUST STREET</u>		Street Address <u>116 Elm Dale ave 2 Floor</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02909</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Edwin Cruz</u>		Director Name <u>Ingrid ENCAINACION</u>	
Street Address <u>24 August STREET</u>		Street Address <u>116 Elm Dale ave 2 Floor</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02909</u>	
Director Name <u>Rebecca Cruz</u>		Director Name	
Street Address <u>24 August STREET</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	City	State
Zip <u>02908</u>		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>			
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 <u>TAYLOR LUIS ENCAINACION</u>			Date <u>3-28-19</u>
Signature of Officer/Authorized Representative 			

**FILED**

MAR 28 2019

*[Handwritten initials and date]*  
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MAIL TO:  
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 Website: www.sos.ri.gov