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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Non-Profit Corporation

RECEIVED SECRETARY OF STATESTAMP CORPCIATIONS OV

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→ 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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Entity ID Number	2. Exact name of the Corporation				
000797820	Rhode Island Welcome Back Center				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Helping immigrant professionals residing in Rhode Island with the resources necessary				
4. NAICS Code	to enter Rhode Island Workforce.				
624190 - Other Individual 👻					
6. Principal Office Address			City	State	Zip
23 Essex st			Cranston	RI	02910
7. List ALL officers (names and add	dresses)			Check the box to indica	ate an attachment
President Name Manuela Raposo			Vice-President Name Carolina Roberts Santana		
Street Address 23 Essex st			Street Address 86 Alvin st		
^{City} Cranston	State RI	^{Zip} 02910	City Providence	State RI	Zip. 02907
Secretary Name Cherie Cruz			Treasurer Name Ulises Maria		
Street Address 470 Carrs Pond Rd			Street Address 39 Myrtle st		
City E Greenwich	State RI	Zip	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Fiordaliza Then			Director Name Oscar Mejias		
Street Address 2752 Hartford ave			Street Address 11 Anderton ave		
City Johnston	State RI	^{Zip} 02888	City North Providence	State RI	^{Zip} 02904
Director Name Jackie Parra			Director Name Andis Santana		
Street Address 72 Notre Dame st			Street Address 86 Alvin st		
^{City} Central Falls	State RI	^{Zip} 02863	City Providence	State RI	^{Zip} 02907
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				Date	
Manuela Raposo				8/2/19	
Signature of Offider/Authorized Representative SIGN DOCUMENT HERE					
		- -	AUG B 9 2010		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BOX DH BQ T 4:13

FORM 631 - Revised: 03/2019