



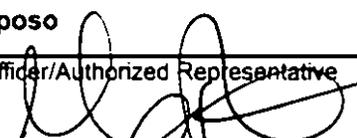
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV **STAMP**

Annual Report for the year: 2019
Non-Profit Corporation

2019 AUG -2 PM 4: 08

- 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 000797820		2. Exact name of the Corporation Rhode Island Welcome Back Center			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Helping immigrant professionals residing in Rhode Island with the resources necessary to enter Rhode Island Workforce.			
4. NAICS Code 624190 - Other Individual <input type="checkbox"/>					
6. Principal Office Address 23 Essex st		City Cranston	State RI	Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Manuela Raposo				Date 8/2/19	
Signature of Officer/Authorized Representative 				FILED SIGN DOCUMENT HERE	

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

AUG 02 2019
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