



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

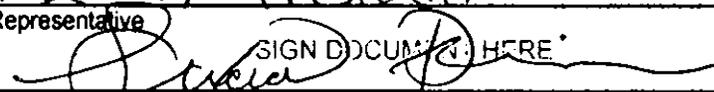
FILED

Annual Report for the year: 2020
 Non-Profit Corporation

JUN 29 2020

BY 110
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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.

1. Entity ID Number <u>091717</u>		2. Exact name of the Corporation <u>Caritas Smile</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Volunteer Community development organizations offering positive training, education, and cultural immersion programs.</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>141 Glen Ridge Rd.</u>		City <u>Cranston</u>	State <u>R.I.</u>
		Zip <u>02920</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Sixcia Devine</u>		Vice-President Name	
Street Address <u>141 Glen Ridge Rd.</u>		Street Address	
City <u>Cranston</u>	State <u>R.I.</u>	City	State
Zip <u>02920</u>		Zip	
Secretary Name <u>David Varone</u>		Treasurer Name	
Street Address <u>141 Glen Ridge Rd.</u>		Street Address	
City <u>Cranston</u>	State <u>R.I.</u>	City	State
Zip <u>02920</u>		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 <u>Sixcia Devine</u>		Director Name <u>Olga Perdomo</u>	
Street Address <u>141 Glen Ridge Rd.</u>		Street Address <u>30 Kingstown Rd.</u>	
City <u>Cranston</u>	State <u>R.I.</u>	City <u>Narragansett</u>	State <u>R.I.</u>
Zip <u>02920</u>		Zip <u>02882</u>	
Director Name <u>Abraham Henderson</u>		Director Name	
Street Address <u>16 Lisbon St.</u>		Street Address	
City <u>Providence</u>	State <u>R.I.</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.			
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 <u>Sixcia Devine, President</u>			Date <u>6/23/20</u>
Signature of Officer/Authorized Representative 			

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