RI SOS Filing Number: 202198223870 Date: 6/11/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2021	
Non-Profit Corporation		
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→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

→ Penalty: Additional \$25.00 fee if	form is not filed b	y July 30.	2021 JUN	-1.1 AM (0: 55		
1. Entity ID Number 1. 171 2599	2. Exact name of the Corporation Phoenix Griffin International Foundation					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	The Phoenix Griffin International Foundation, define its purpose as one international					
4. NAICS Code	association for communty development, as a practice based profession that promotes participative democracy, substainable development, human rights and economic opportunity.					
813319 - Other Social Advoca	participative	uemocracy, sub	stamatie development, nur	nan rights and lecond	omic oppoπunity.	
6. Principal Office Address			City	State	Žip	
1 Cadillac Dr Apt 618		Providence	RI	02907		
7. List ALL officers (names and add	dresses)			Check the box to indi	cate an attachment	
President Name Lucrecia Brown Marquez		Vice-President Name Jorge L. Beltre				
Street Address 807 Broad Street Suite 326		Street Address 4570 Winkle Ave Suite 101				
City Providence	State NC	^{Zip} 02907	City Fort Myers	State FL	^{Zip} 33966	
Secretary Name Ana . Vargas			Treasurer Name Aida Roche			
Street Address 807 Broad Street Suite 326		Street Address 4570 Winkle Ave Suite 101				
City Providence	State RI	^{Zip} 02907	City Fort Myers	State FL	Zip 33966	
8. List ALL directors (names and a	ddresses). Rl Co	orporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment	
Director Name Luis Diaz Martinez		Director Name Anthony Diaz				
Street Address 1 Cadillac Dr. Apt 618		Street Address 807 Broad Street Suite 326				
City Providence	State RI	^{Zip} 02907	City Providence	State RI	^{Zip} 02907	
Director Name Juan Rodriguez		Director Name				
Street Address 807 Broad Street Suite 326		Street Address				
^{City} Providence	State RI	^{Zip} 02907	City	State	Zip	
9. The Registered Agent information	on of record with	the RI Departmen	t of State is accurate. Change	es require filing Form 64	1.	
Under penalty of perjury, I declar statements, and that all stateme				accompanying sched	lules and	
This report must be signed by either the Pre-	sident, Vice-Presiden	t, Secretary, Assistant	Secretary, Treasurer, duly Authorized F	Representative, Receiver or Tr	ustee.	
Name of Officer/Authorized Representative			Date			
Luis D. Martinez				05/28/2021		
Signature of Officer/Authorized Rec	presentative	2	F11 C	ב <u>ח</u>		
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 1 1 2021

FORM 631 - Revised: 08/2020