



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000646202

2. Name of Corporation The Cortes Foundation

3. State of Incorporation

State:

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813211

4. Principal Office Address

No. and Street: 209 NARRAGANSETT AVE

City or Town: JAMESTOWN

State: RI

Zip: 02835

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SUPPORTS PROGRAMS IN PUERTO RICO FOR UNDERPRIVILEGED FAMILIES AND IN TEXAS FOR AN HIV RESIDENCE PROGRAM. SUPPORT IN FOR VICTIMS IN HAITI AND RELATED FUNDRAISING IN THE CONTINENTAL NORTHEAST

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GREG CORTES	4412 THRSHER COURT FORT WORTH, TX 76137 USA

DIRECTOR	FEDERICO GORDO	6261 SW 24TH PL, APT 106 DAVIE, FL 33314 USA
DIRECTOR	IVIS PAGAN	#656 VICTOR LOPEZ ST. SAN JUAN, PR 00909

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LINDA NILSSON 209 NARRAGANSETT AVENUE JAMESTOWN , RI 02835

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 24 Day of September, 2021 at 11:58:11 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LINDA NILSSON
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved