



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

Non-Profit Corporation

→ 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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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 DEC 21 AM 10:19

1. Entity ID Number 000156966		2. Exact name of the Corporation Charles Street Community Center and After School			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE THE LOCAL COMMUNITY WITH AFTER SCHOOL EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR CHILDREN, DAY CARE SERVICES, ADULT EDUCATION SERVICES AND PHYSICAL AND WELLNESS INSTRUCTION.			
4. NAICS Code 624410 - Child Day Care Services					
6. Principal Office Address 663 CHARLES ST			City PROVIDENCE	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIO MANCEBO			Vice-President Name JUAN PABLO GORIS		
Street Address 12 PETER ST			Street Address 115 WAVERLY ST		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02907
Secretary Name BRUNILDA GORIS			Treasurer Name ORLANDYS M NUEVA		
Street Address 115 WAVERLY ST			Street Address 12 PETER ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02904
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 MARIO MANCEBO			Director Name JUAN PABLO GORIS		
Street Address 12 PETER ST			Street Address 115 WAVERLY ST		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02907
Director Name LIDIA MARTA CASTILLO			Director Name		
Street Address 55 VEAZIE ST APT 214			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative Receiver or Trustee</small>					
Name of Officer/Authorized Representative MARIO MANCEBO				Date 12/20/2021	
Signature of Officer/Authorized Representative 					

FILED

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

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BY **5TG93** **AA**
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