



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

Non-Profit Corporation
Annual Report

Filing Period: February 1 - May 1

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 - ENTER THE CURRENT FILING YEAR **2023**: 2023

1. Corporate ID No. 001740008

2. Name of Corporation HOMES FOR GOOD FAMILIES INC.

3. State of Incorporation

State: RI

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

624229

4. Principal Office Address

No. and Street: 140 RESERVOIR AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

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

REHABILITATION OF ABANDONED AND NEGLECTED PROPERTIES TO BENEFIT
ECONOMICALLY CHALLENGED COMMUNITIES AND OTHER RELATED PURPOSES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	DOUGLAS H SMITH	140 RESERVOIR AVENUE PROVIDENCE, RI 02907 USA
DIRECTOR	MARISER SANCHEZ	873 RIVER AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	URENA ALVAREZ SANEIRO ISIDRO	45 BERNON STREET, FL 1 PROVIDENCE, RI 02908 USA
DIRECTOR	CARLOS M LIZARDO	110 RUGBY STREET, APT. 3 PROVIDENCE, RI 02905 USA

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

MARISER SANCHEZ 873 RIVER AVENUE PROVIDENCE , RI 02908

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

Signed this 12 Day of May, 2023 at 4:28:30 PM 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 DOUGLAS H. SMITH
Signature of Authorized Person

Form No. 631
Revised 09/07

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