



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001692059		2. Exact name of the Corporation GOOD DEEDS INTERNATIONAL, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The purpose of this organization is to bring hope to the less fortunate by providing them a personal and education programs that will give them an opportunity to alleviate their problems.	
4. NAICS Code 813319			
6. Principal Office Address 467 Armistice Blvd		City Pawtucket	State RI
		Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Alfredo Vargas		Vice-President Name Lilian Vargas	
Street Address 467 Armistice Blvd		Street Address 467 Armistice Blvd	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Secretary Name Stephanie Mejia		Treasurer Name Jessie Vargas	
Street Address 467 Armistice Blvd		Street Address 2 Buratti Rd	
City Pawtucket	State RI	City Johnston	State RI
Zip 02861		Zip 02919	
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 Alfredo Vargas		Director Name Lilian Vargas	
Street Address 467 Armistice Blvd		Street Address 467 Armistice Blvd	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Director Name Stephanie Mejia		Director Name Jessi Vargas	
Street Address 467 Armistice Blvd		Street Address 2 Buratti Rd	
City Pawtucket	State RI	City Johnston	State RI
Zip 02861		Zip 02919	
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.			
<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 Lilian Vargas			Date 06/06/2023
Signature of Officer/Authorized Representative <i>Lilian Vargas</i>			

FILED

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

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