



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JUL 21 P 3:00

1. Entity ID Number 000797820		2. Exact name of the Corporation RHODE ISLAND Welcome Back Center	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Helping Immigrant professionals residing in RI with the resources necessary to enter the RI workforce.	
4. NAICS Code 624190 other			
6. Principal Office Address 43 Jenkins st		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Manuela Raposo		Vice-President Name Carolina Roberts Santana	
Street Address 43 Jenkins st		Street Address 86 Alvin st	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02904	
Secretary Name Wilmer Ureana		Treasurer Name Ulisses Maria	
Street Address 51 Job st		Street Address 35 Myrtle st	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02906	
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 Ferdaliza Ten		Director Name Oscar Mejias	
Street Address 2752 Hartford ave		Street Address 11 Anderton Ave	
City Johnston	State RI	City Providence	State RI
Zip 02888		Zip 02904	
Director Name Jackie Parra		Director Name Andis Santana	
Street Address 72 North Dame st		Street Address 66 Alvin st	
City Central Falls	State RI	City Providence	State RI
Zip 02863		Zip 02904	
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 Manuela Raposo			Date 7/21/23
Signature of Officer/Authorized Representative <i>[Signature]</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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BY 4KPHY