



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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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BUS SVCS DIV

2023 JUL 21 P 3:00

1. Entity ID Number <u>000797820</u>		2. Exact name of the Corporation <u>RHODE ISLAND Welcome Back Center</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Helping Immigrant professionals residing in RI with the resources necessary to enter the RI workforce.</u>	
4. NAICS Code <u>624190 other</u>			
6. Principal Office Address <u>43 Jenkins St</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MANUELA Raposo</u>		Vice-President Name <u>Carolina Roberts Santana</u>	
Street Address <u>43 Jenkins St</u>		Street Address <u>86 Alvin St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02902</u>
Secretary Name <u>Wilmer Urena</u>		Treasurer Name <u>Ulises Maria</u>	
Street Address <u>51 Job St</u>		Street Address <u>35 Myrtle St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02860</u>
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 <u>Ferdaliza Ten</u>		Director Name <u>Oscar Mejias</u>	
Street Address <u>2552 Hartford Ave</u>		Street Address <u>11 Anderton Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>P. Prov</u>	State <u>RI</u> Zip <u>02902</u>
Director Name <u>Jackie Parra</u>		Director Name <u>Andis Santana</u>	
Street Address <u>72 North Dame St</u>		Street Address <u>66 Alvin St</u>	
City <u>Central Falls</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02902</u>
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Manuela Raposo</u>			Date <u>7/21/23</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			FILED 301 JUL 21 2023 BY <u>UKPHY</u>

MAIL TO:
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