



**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

**Foreign Non-Profit
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 YEAR 2024: 2024

1. Corporate ID No. 000646202

2. Name of Corporation The Cortes Foundation

3. State of Incorporation

State:

NAICS CODE

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

813211

4. Principal Office Address

No. and Street: URB VILLA AVILA
A-1 CALLE PONCE

City or Town: GUAYNABO State: PR Zip: 00969 Country: PRI

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

SUPPORTS PROGRAMS IN PUERTO RICO FOR UNDERPRIVILEGED FAMILIES AND IN TEXAS FOR AN HIV RESIDENCE PROGRAM. SUPPORT IN FOR VICTIMS IN HAITI AND RELATED FUNDRAISING IN THE CONTINENTAL NORTHEAST

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	FEDERICO GORDO	653 NW 89TH AVE PLANTATION, FL 33324 USA
SECRETARY	MARIA SANCHEZ	COND VILLA CAPARRA, 229 CARR 2, APT 15B GUAYNABO, PR 00966 USA
CHAIRMAN	GREG CORTES	URB VILLA AVILA, A-1 CALLE PONCE GUAYNABO, PR 00969 USA
EXECUTIVE DIRECTOR	LINDA NILSSON	98 LAURISTON ST PROVIDENCE, RI 02906
DIRECTOR	JOHN DOUGLAS CORTES	7100 WESTWIND DR NORTH LITTLE ROCK, AR 72113 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

LINDA NILSSON 98 LAURISTON ST PROVIDENCE , RI 02906

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

Signed this 26 Day of March, 2024 at 4:42:55 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 LINDA NILSSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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