



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2016
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.

REC'D RIDOS BSD
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1. Entity ID Number <u>163 903</u>		2. Exact name of the Corporation <u>Fundacion Global de Desarrollo Socio-Economico</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>assist incarcerated individuals with lawyer fees and other things</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>311 station street</u>		City <u>CRANSTON</u>	State <u>R.I</u>
		Zip <u>02910</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Ayda Garcia</u>		Vice-President Name <u>ANEa Gamin</u>	
Street Address <u>11 station st</u>		Street Address <u>311 station st</u>	
City <u>Cranston</u>	State <u>R.I</u>	City <u>Cranston R.I</u>	State <u>R.I</u>
Zip <u>02910</u>		Zip <u>02910</u>	
Secretary Name <u>Mercedes Vargas</u>		Treasurer Name	
Street Address <u>SAME</u>		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>JUAN Rivero</u>		Director Name <u>Dagui Dagui Canales</u>	
Street Address <u>60 Englewood</u>		Street Address <u>32 Englewood</u>	
City <u>East Providence</u>	State <u>R.I.</u>	City <u>E. East Providence</u>	State <u>R.I.</u>
Zip <u>02914</u>		Zip <u>02914</u>	
Director Name <u>Mercedes Vargas</u>		Director Name	
Street Address <u>75 Ayda Street</u>		Street Address	
City <u>Providence</u>	State <u>R.I.</u>	City	State
Zip <u>02905</u>		Zip	
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>Ayda Garcia</u>			Date <u>8/8/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY TLK7X

FORM 631- Revised 12/2023