



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2013
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 <input type="checkbox"/> | | | |
| President Name <u>Ayda Garcia</u> | | Vice-President Name <u>ANEA GARCIA</u> | |
| Street Address <u>311 STATION ST</u> | | Street Address <u>311 STATION ST</u> | |
| City <u>Cranston</u> | State <u>R.I</u> | City <u>Cranston</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 <input type="checkbox"/> | | | |
| Director Name <u>JUAN RIVERA</u> | | Director Name <u>Regi Dayi Canales</u> | |
| Street Address <u>60 Evergreen</u> | | Street Address <u>32 Evergreen</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 Ayrault 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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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FORM 631- Revised: 12/2023

BY TLKTX

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