



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

791690

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R.I. DEPT. OF STATE
BUS. SERVICES DIV.

1. Entity ID Number 791690		2. Exact name of the Corporation DONA TERESA FOUNDATION INC	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Development in know our main focus is to work with the youth and single parents sports activities family and individual counseling and tutoring	
5. Principal Office Address 22 RYE St		City PROVIDENCE	State RI
		Zip 02909	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ERVIN A. Ramos Corbina		Vice-President Name Zaida Maria ALVIZU	
Street Address 72 WALNUT St		Street Address 24 CROFTLAND DR.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02924		Zip 02907	
Secretary Name YAROLIN Medina		Treasurer Name TERESA Y. RAMOS	
Street Address 22 RYE St		Street Address 72 WALNUT St	
City PROVIDENCE	State RI	City JOHNSTON	State RI
Zip 02909		Zip 02914	
7. 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 JULIO RAMOS		Director Name ANA VAZQUES	
Street Address 50 RANDALL St. apt. 8J		Street Address 73 RILL St	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02904		Zip 02908	
Director Name Berny O'LOUGIN		Director Name MILDRE RODRIGUEZ	
Street Address 138 HAND VERT		Street Address 4 TIFFANY	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02908	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 JULIO RAMOS		Date 04-26-17	
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 **302265**
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