



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

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: 2019

1. Corporate ID No. 001657139

2. Name of Corporation PROVIDENCE MABUHAY MISSION (PMMI)

3. State of Incorporation

State: RI

ARTICLE III

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

6

813212

4. Corporate Address in Rhode Island

No. and Street: 21 QUINTON STREET

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 12 RUE DES BASTES

City or Town: SAINT PIERRE DES CORPS

State: Zip: 37700

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO HELP IN THE PROMOTION AND PROVISION OF ASSISTANCE IN THE HEALTH
NEEDS OF THE UNDERSERVED

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RENATO A. REYES	12816 DESERT SKY AVE NE ALBUQUERQUE, NM 87111 USA
TREASURER	MARIA T. SOLIS	5022 SHIRLEY DRIVE LA PALMA, CA 90623 USA
SECRETARY	MARIA ELENA S. PERUT	144 BELLMAN AVENUE WARWICK, RI 02889 USA
CHIEF FINANCIAL OFFICER	JOCIP SARMIENTO	13206 GLORIA AVENUE GRANADA HILLS, CA 91344 USA
COMMUNICATIONS/MARKETING OFFICER	ABEL SANTA ISABEL	909 N. FREDERIC STREET BURBANK, CA 91505 USA
AUDITOR	ETHEL F. MEDINA	4942 HELLMAN AVENUE LOS ANGELES, CA 90042 USA
VICE PRESIDENT	REMEDY M. MEDINA	4942 HELLMAN AVENUE LOS ANGELES, CA 90042 USA
CHAIRMAN	RENATO A. REYES	12816 DESERT SKY AVE NE ALBUQUERQUE, NM 87111 USA
DIRECTOR	REMEDY M. MEDINA	4942 HELLMAN AVENUE LOS ANGELES, CA 90042 USA
DIRECTOR	VICENTE M. DE LIMA JR	45 POLABAY SOUTHBAY GARDENS PARANAQUE, PHL
DIRECTOR	MARIA T. SOLIS	5022 SHIRLEY DRIVE LA PALMA, CA 90623 USA
DIRECTOR	MARIA ELENA S. PERUT	144 BELLMAN AVENUE WARWICK, RI 02889 USA
DIRECTOR	MARIA REMEDIOS B. CHUA-SY	11N. OSMUNDO STREET BF HOMES PH 2 DEPARO, NOVALICHES NO QUEZON CITY, 1123 PHL
DIRECTOR	ETHEL F. MEDINA	4942 HELLMAN AVENUE LOS ANGELES, CA 90042 USA
DIRECTOR	ALMA B. SIANSON	10721 DROXFORD STREET #1 CERRITOS, CA 90703 USA
DIRECTOR	JOCIP SARMIENTO	13206 GLORIA AVENUE GRANADA HILLS, CA 91344 USA
DIRECTOR	ABEL SANTA ISABEL	909 N; FREDERIC STREET BURBANK, CA 91505 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CATHY THIBODEAU 21 QUINTON STREET WARWICK , RI 02888

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

Signed this 6 Day of June, 2019 at 9:19:41 AM 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 MARIA ELENA SUAREZ PERUT
Signature of Authorized Person

Form No. 631
Revised 09/07

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