



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED**

JUN 01 2020

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|  |                 |   |  |                         |                     |
|--|-----------------|---|--|-------------------------|---------------------|
| 1. Entity ID Number<br><b>001695689</b>  |                 | 2. Exact name of the Corporation<br><b>Fundacion Medico Misionera Dr. de Leon Rosario</b>   |  |                         |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Faith base medical missionary organization for community health awareness a healthy life style education.</b> |  |                         |                     |
| 4. NAICS Code<br><b>813212 - Voluntary Health</b>  |                 |   |  |                         |                     |
| 6. Principal Office Address<br><b>1 Cadillac Dr. Apt 618</b>   |                 |   | City<br><b>Providence</b>                        | State<br><b>RI</b>      | Zip<br><b>02907</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |  |                         |                     |
| President Name <b>Brandley de Leon Rosario</b>   |                 |   | Vice-President Name <b>Jose Alberto Almanzar</b> |                         |                     |
| Street Address <b>1199 Decatur Street</b>  |                 |   | Street Address <b>1199 Decatur Street</b>        |                         |                     |
| City <b>Brooklyn</b>   | State <b>NY</b> | Zip <b>11207</b>  | City <b>Brooklyn</b>                             | State <b>NY</b>         | Zip <b>11207</b>    |
| Secretary Name <b>Yolanda Langley</b>  |                 |   | Treasurer Name <b>Jose Alberto Almanzar</b>      |                         |                     |
| Street Address <b>27 Harriest Street Apt 1</b>   |                 |   | Street Address <b>1199 Decatur Street</b>        |                         |                     |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02905</b>  | City <b>Brooklyn</b>                             | State <b>NY</b>         | Zip <b>11207</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |  |                         |                     |
| Director Name <b>Barndley de Leon Rosario</b>  |                 |   | Director Name <b>Yolanda Langley</b>             |                         |                     |
| Street Address <b>1199 Decatur Street</b>  |                 |   | Street Address <b>27 Harriest Street Apt 1</b>   |                         |                     |
| City <b>Brooklyn</b>   | State <b>NY</b> | Zip <b>11207</b>  | City <b>Providence</b>                           | State <b>RI</b>         | Zip <b>02905</b>    |
| Director Name <b>Jose Alberto Almanzar</b>   |                 |   | Director Name                                    |                         |                     |
| Street Address <b>1199 Decatur Street</b>  |                 |   | Street Address                                   |                         |                     |
| City <b>Brooklyn</b>   | State <b>NY</b> | Zip <b>11207</b>  | City   | State                   | Zip                 |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                 |   |  |                         |                     |
| <b>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.</b>        |                 |   |  |                         |                     |
| <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<br><b>Luis D. Martinez</b>   |                 |   |  | Date<br><b>05/25/20</b> |                     |
| Signature of Officer/Authorized Representative<br><div style="text-align: center;">SIGN DOCUMENT HERE</div>  |                 |   |  |                         |                     |

## MAIL TO:

Division of Business Services

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