



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 23 2020  
 BY 19-11136000

1. Entity ID Number <b>932501</b>		2. Exact name of the Corporation <b>CALLE LIMPIA FOUNDATION, INC</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>BRING COMMUNITIES TOGETHER IN ORDER TO DEVELOP RANGE OF SERVICE</b>			
4. NAICS Code <b>813219 - Other Grantmaking</b>					
6. Principal Office Address <b>1070 BROAD STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</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>JESUS TITIN</b>			Vice-President Name <b>JESUS TITIN</b>		
Street Address <b>1070 BROAD STREET</b>			Street Address <b>1070 BROAD STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>SULEIDE ESPINAL</b>			Director Name <b>YINERKIS CONTRERAS</b>		
Street Address <b>12 GROSVENOR AVENUE</b>			Street Address <b>155 CRANSTON STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>WANDALYS SANTIAGO</b>			Director Name		
Street Address <b>106 EDGEWOOD AVENUE</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</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.					
<i>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>					
<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 <b>JESUS TITIN</b>				Date <b>06/11/2020</b>	
Signature of Officer/Authorized Representative <i>X Jesus M Titin</i>				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov