State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

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1. Entity ID Number	2. Exact name of the Corporation
998158	RADIO SHARON FOUNDATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: RADIO STATION TO SPREAD THE WORD OF GOD & TEACH THE COMMUNITY, ORIENTATION
4. NAICS Code: 515112	

6. Principal Office Address	City	State	Zip
25 WOODMAN ST.	PROVIDENCE	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
QUILVIO PERDOMO	ANA M. BELLIARD
Street Address: 25 WOODMAN ST.	Street Address: 25 WOODMAN ST
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02907
Secretary Name	**Treasurer Name**
KEILA PERDOMO BELLIARD	MERKY PERDOMO BELLIARD
Street Address: 25 WOODMAN ST.	Street Address: 25 WOODMAN ST.
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02907

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
QUILVIO PERDOMO	ANTONIO FERMIN
Street Address: 25 WOODMAN ST.	Street Address: 25 WOODMAN ST
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02907
Director Name: JENNIFER PAT PERDOMO	Director Name
Street Address: 25 WOODMAN ST	Street Address
City: PROVIDENCE State: RI Zip: 02907	City State 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 | Date

Signature of Officer/Authorized Representative

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JUN 21 2021
BY 9:39

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020