



State of Rhode Island
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.

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BUS SVCS DIV

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|---|--------------------|--|--------------------|
| 1. Entity ID Number 998158 | | 2. Exact name of the Corporation 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 B TEACH THE COMMUNITY, ORIENTATION | |
| 4. NAICS Code 515112 | | | |
| 6. Principal Office Address 25 WOODMAN ST. | | City PROVIDENCE | State RI |
| | | Zip 02907 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/> | | | |
| President Name QUILVIO PERDOMO | | Vice-President Name ANA M. BELLINO | |
| Street Address 25 WOODMAN ST. | | Street Address 25 WOODMAN ST | |
| City PROVIDENCE | State RI | City PROVIDENCE | State RI |
| Secretary Name KEILA PERDOMO BELLINO | | Treasurer Name MERKY PERDOMO BELLINO | |
| Street Address 25 WOODMAN ST. | | Street Address 25 WOODMAN ST. | |
| City PROVIDENCE | State RI | City PROVIDENCE | State RI |
| Zip 02907 | | Zip 02907 | |
| 8. 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 QUILVIO PERDOMO | | Director Name ANTONIO FERMIN | |
| Street Address 25 WOODMAN ST. | | Street Address 25 WOODMAN ST | |
| City PROVIDENCE | State RI | City PROVIDENCE | State RI |
| Zip 02907 | | Zip 02907 | |
| Director Name JENIFER PAT PERDOMO | | Director Name | |
| Street Address 25 WOODMAN ST | | Street Address | |
| City PROVIDENCE | State RI | City | State |
| Zip 02907 | | 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. | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | |
| Name of Officer/Authorized Representative | | FILED | Date |
| Signature of Officer/Authorized Representative | | JUN 21 2021 | |

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

BY [Signature]
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