



**State of Rhode Island  
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: February 1 - May 1

*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:** 2022

**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

**4. Principal Office Address**

No. and Street: C/O RENATO A. REYES

12816 DESERT SKY AVE NE

City or Town: ALBUQUERQUE

State: NM

Zip: 87111

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

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

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	RENATO A. REYES	12816 DESERT SKY AVE NE

		ALBUQUERQUE, NM 87111 USA
SECRETARY	MARIA ELENA SUAREZ	144 BELLMAN AVE WARQICK, RI 02889 US
VICE PRESIDENT	MARIA T SOLIS	5022 SHIRLEY DR LA PALMA, CA 90623 US
DIRECTOR	REMEDY MEDINA	4292 HELLMAN AVE LOS ANGELES, CA 90042 US
DIRECTOR	ABEL G SANTA ISABEL	909 N. FREDERICK ST. BURBANK, CA 91505 US
DIRECTOR	VICENTE DE LIMA JR.	45 POLABAY SOUTHBAY GARDENS PARANAQUE, PHL
DIRECTOR	MARIA REMEDIOS CHUA-SY	11 N. OSMUNDO ST BF HOMES PH2 DEPARO NOVALICHES, QC PHL

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

SUSAN DA SILVA 17 CLARK ROAD SMITHFIELD , RI 02917

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

**Signed this 21 Day of May, 2022 at 1:55:45 PM 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 T SOLIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2022 State of Rhode Island  
All Rights Reserved