



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 000998158

2. Name of Corporation RADIO SHARON FOUNDATION

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

515112

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 400 RESERVOIR AVE. STE. 3L

City or Town: PROVIDENCE

State: RI Zip: 02907 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO LICENSE AND OPERATE NON COMMERCIAL EDUCATIONAL RADIO STATIONS
TO TEACH THE WORD OF GOD FOR HISPANIC COMMUNITY AND TO TEACH
BROADCASTING IN INFORMAL AND FORMAL NON DEGREE GRANTING CLASSES
AND TO OFFER SEMINARS AND CLASSES TO SENIORS, THEIR FAMILIES AND
THEIRCARE GIVERS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	QUILVIO N PERDOMO	25 WOODMAN ST PROVIDENCE, RI 02907 USA
DIRECTOR	KEILA MARIA PERDOMO BELLIARD	25 WOODMAN ST PROVIDENCE, RI 02907 USA
DIRECTOR	ANTONIO FERMIN PEREZ	25 WOODMAN ST PROVIDENCE, RI 02907 USA
DIRECTOR	MERKYS MARGARITA PERDOMO BELLIARD	25 WOODMAN ST PROVIDENCE, RI 02907 USA
DIRECTOR	JENNIPHER PAT PERDOMO BELLIARD	25 WOODMAN ST PROVIDENCE, RI 02907 USA
DIRECTOR	ANA MERCEDES BELLIARD TAPIA	25 WOODMAN STREET PROVIDENCE, RI 02907 USA

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

QUILVIO NOLBERTO PERDOMO RODRIGUEZ 25 WOODMAN STREET PROVIDENCE , RI 02907

Signed this 5 Day of February, 2023 at 9:28:07 AM 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 QUILVIO PERDOMO
Signature of Authorized Person

Form No. 631
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

February 05, 2023 09:27 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

