



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIVISION

2023 MAR 29 P 12:06

1. Entity ID Number <u>001725597</u>		2. Exact name of the Corporation <u>Association of Aid for the development of people in extreme Poverty of Peru</u>			
3. State of Incorporation <u>Peru</u>		5. Brief description of the character of business conducted in Rhode Island <u>To conduct affairs in RI is to carry out actions of welfare Education, Cultural, Housing, Shelters, charities, Social and Hospitality assistance as well as free delivery in donation, clothes, food medicine, Help poverty levels in peru as well as in RI</u>			
4. NAICS Code <u>624190</u>					
6. Principal Office Address <u>560 Prospect st</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Gerson S Lopez Rodriguez</u>			Vice-President Name		
Street Address <u>560 Prospect st</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
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 <u>Manuel Humberto charcapa Saldana</u>			Director Name <u>Sara Mercedes delgado Galazar</u>		
Street Address <u>Av. Primero de Mayo N 1424</u>			Street Address <u>Av. Primero de Mayo N 1424</u>		
City <u>Carmen de la legua</u>	State <u>Callao</u>	Zip <u>03</u>	City <u>Carmen de la legua</u>	State <u>Callao</u>	Zip <u>03</u>
Director Name <u>Julio Cesar Torres Tamayo</u>			Director Name		
Street Address <u>Av. Primero de Mayo N 1424</u>			Street Address		
City <u>Carmen de la legua</u>	State <u>Callao</u>	Zip <u>03</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <u>Gerson S Lopez Rodriguez</u>				Date <u>03/29/23</u>	
Signature of Officer/Authorized Representative <u>HTSMV</u>					

BY

MAR 29 2023

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## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov