



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: 2023

1. Corporate ID No. 001704597

2. Name of Corporation Central Falls Children's Foundation

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

624110

4. Principal Office Address

No. and Street: 577 BROAD STREET

City or Town: CENTRAL FALLS

State: RI

Zip: 02863

Country: USA

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

SUPPORT THE HEALTH AND WELLBEING OF UNDERINSURED CHILDREN OF
CENTRAL FALLS

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
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	STEPHANIE GONZALEZ	35 DEBORAH STREET PROVIDENCE, RI 02909 USA
TREASURER	ROSIANE DEOLIVEIRA	27 HEATON STREET PAWTUCKET, RI 02860 USA
SECRETARY	LESDIN SALAZAR	11 TIFFANY STREET CENTRAL FALLS, RI 02863 USA
VICE PRESIDENT	JONATHON ACOSTA	100 ILLINOIS STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	BEATA NELKEN MD	48 GLEN AVENUE CRANSTON, RI 02905 USA

**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**

BEATA F. NELKEN 577 BROAD STREET, FLOOR 1 CENTRAL FALLS , RI 02863

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

Signed this 18 Day of April, 2023 at 11:06:14 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 BEATA NELKEN
Signature of Authorized Person

Form No. 631
Revised 09/07

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