



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.

RECEIVED
R.I. DEPT OF STATE
BUS SVCS DIV
Attachment

2023 MAY -8 A 11:20

1. Entity ID Number <u>791690</u>		2. Exact name of the Corporation <u>Dona Teresa Foundation Inc.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Development in knows ledge, skill and ability of all people. We will form reading teams, E.E.D. Math tutoring, music, recreational and sport.</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>1014 Broad St.</u>		City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>JAROLIN MEDINA</u>		Vice-President Name <u>ZOLA ALVIZU</u>	
Street Address <u>12 MILK ST</u>		Street Address <u>122 HARVARD ST</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u> Zip <u>02926</u>
Secretary Name <u>FELICIA COLON</u>		Treasurer Name <u>EDUVIGES A. REYES</u>	
Street Address <u>PENNSYLVANIA AVE APT. 3</u>		Street Address <u>18 MITCHELL ST. APT. 5</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02901</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>TERESA Y. RAMA</u>		Director Name <u>Julio Ramos Jr.</u>	
Street Address <u>122 HARVARD ST</u>		Street Address <u>18 MITCHELL APT. 5</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02907</u>
Director Name <u>Julio Ramos</u>		Director Name <u>MARLENE QUIROZ</u>	
Street Address <u>18 MITCHELL ST APT. 5</u>		Street Address <u>1014 BROAD ST</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02901</u>
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>Julio Ramos</u>			Date <u>05-08-2023</u>
Signature of Officer/Authorized Representative <u>Julio Ramos</u>			FILED <u>11:20</u>

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



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:

May 08, 2023 11:20 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

