



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 DIV  
Attachment

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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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>JAROLIN MEDINA</u>		Vice-President Name <u>ZOILA 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. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>MARINA 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.			
<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>			
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

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

BY [Signature]  
MAY 08 2023  
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