



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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BUS SVCS DIV

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1. Entity ID Number 1730881		2. Exact name of the Corporation Restoration and Grace Foundation Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fundraising HELP for needy families	
4. NAICS Code 813219			
6. Principal Office Address 17 Narragansett Ave		City providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FEDFID Jimenez		Vice-President Name Dalesca Jimenez	
Street Address 65 Cornth St		Street Address 157 Benedict St	
City providence	State RI	City providence	State RI
Zip 02907		Zip 02909	
Secretary Name Berini Delacruz		Treasurer Name Vismar A. Mendez	
Street Address 78 Porter Ave		Street Address 226 Baker St	
City providence	State RI	City providence	State RI
Zip 02907		Zip 02905	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Adalberto Betancourt		Director Name Dalesca Jimenez	
Street Address 29 Water View Circ		Street Address 157 Benedict St	
City PALM SPRINGS	State FL	City providence	State RI
Zip 33461		Zip 02907	
Director Name FEDFID Jimenez		Director Name MAYRA DURAN	
Street Address 65 Cornth St		Street Address 1033 Eddy St	
City providence	State RI	City providence	State RI
Zip 02907		Zip 02905	
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 FEDFID Jimenez			Date 7/03/23
Signature of Officer/Authorized Representative 			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

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