



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 <u>001672287</u>		2. Exact name of the Corporation <u>Latin Adult Day Health Care Center</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO provide a safe and secure setting for adults outside their homes</u>	
4. NAICS Code <u>62120</u>			
6. Principal Office Address <u>665 Charles St</u>		City <u>PROV</u>	State <u>RI</u>
		Zip <u>02904</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Mario Mancabo</u>		Vice-President Name <u>Orlandys Mancabo</u>	
Street Address <u>12 Peter St</u>		Street Address <u>12 Peter St apart #2</u>	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV</u>
			State <u>RI</u>
			Zip <u>02904</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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 <u>Juan Pablo Govis</u>		Director Name <u>Orlandys Mancabo</u>	
Street Address <u>115 Waverly St</u>		Street Address <u>12 Peter St apart #2</u>	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV</u>
			State <u>RI</u>
			Zip <u>02904</u>
Director Name <u>Lidia Marta Castillo</u>		Director Name	
Street Address <u>55 VRAZIE ST APT 214</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	City
			State
			Zip
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.			
<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>Mario Mancabo</u>			Date <u>Jul 21-23</u>
Signature of Officer/Authorized Representative 			

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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JUL 21 2023
BY MXWM9
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