




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.

1. Entity ID Number <b>001745501</b>		2. Exact name of the Corporation <b>Counterform Community Design and Print Studio</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Counterform is a community design and print studio that offers graphic design and printing services to the Providence community.</b>	
4. NAICS Code <b>813920</b>			
6. Principal Office Address <b>23 Acorn St</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>José R. Menéndez López</b>		Vice-President Name <b>Tatiana Gómez Gaggero</b>	
Street Address <b>22 Halsey St, Unit 3</b>		Street Address <b>22 Halsey St, Unit 3</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>
			State <b>RI</b>
			Zip <b>02906</b>
Secretary Name		Treasurer Name <b>Delia Rodríguez-Masjoan</b>	
Street Address		Street Address <b>104 Tell St, Apt. 1</b>	
City	State	Zip	City <b>Providence</b>
			State <b>RI</b>
			Zip <b>02909</b>
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 <b>José R. Menéndez López</b>		Director Name <b>Tatiana Gómez Gaggero</b>	
Street Address <b>22 Halsey St, Unit 3</b>		Street Address <b>22 Halsey St, Unit 3</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>
			State <b>RI</b>
			Zip <b>02906</b>
Director Name		Director Name <b>Delia Rodríguez-Masjoan</b>	
Street Address		Street Address <b>104 Tell St, Apt. 1</b>	
City	State	Zip	City <b>Providence</b>
			State <b>RI</b>
			Zip <b>02909</b>
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>			
<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 <b>José R. Menéndez López</b>			Date <b>07.26.23</b>
Signature of Officer/Authorized Representative 			<b>FILED</b>

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

JUL 26 2023  
BY 