



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

1. Entity ID Number <u>000584765</u>		2. Exact name of the Corporation <u>MUTHI Service Center for Elderly & Adult Services</u>		2023 DEC 18 3:12	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Community Service agency for residents of the city of Providence and surrounding areas</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>1014 Broad St Prov, RI</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Mr. Ismael Mercedes</u>		Vice-President Name <u>Hugo Lopez</u>			
Street Address <u>66 Commodore St</u>		Street Address <u>10 HICKS</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>
Secretary Name <u>Darwinis Duffie</u>		Treasurer Name <u>Luis Salcedo</u>			
Street Address <u>25 Harvard St #209</u>		Street Address <u>158 Terrace Av. Apt 2</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02921</u>
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>Julio Ramos</u>		Director Name <u>Eddy de AZA</u>			
Street Address <u>100 Mitchell St</u>		Street Address <u>76 Miller Av</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
Director Name <u>Fredy Disla</u>		Director Name <u>Marcel Rodriguez</u>			
Street Address <u>70 Grant St Apt 612</u>		Street Address <u>109 Strandford Rd</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</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				Date	
Signature of Officer/Authorized Representative <u>[Signature]</u>				Date <u>12/18/23</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

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DEC 18 2023
BY NJ3VS