



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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 <u>001675087</u>		2. Exact name of the Corporation <u>Reach Out Strengthen Edify Supersado</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Educate, Edify + Improve Esteem by utilizing the successes and strengths of the founding members in a practical way.</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>40 Leander St. Apt 122</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Kathryn Taleriko</u>		Vice-President Name <u>(Maria) Victoria Rodriguez</u>	
Street Address <u>40 Leander St Apt 122</u>		Street Address <u>40 Leander St. Apt 419</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
Secretary Name <u>KTRK Taleriko</u>		Treasurer Name <u>Yolanda</u>	
Street Address <u>40 Leander St Apt 122</u>		Street Address <u>40 Leander St Apt 219</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Kathryn Taleriko</u>		Director Name <u>(Maria) Victoria Rodriguez</u>	
Street Address <u>40 Leander St Apt #122</u>		Street Address <u>40 Leander St Apt 419</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
Director Name <u>KTRK Taleriko</u>		Director Name	
Street Address <u>40 Leander St Apt #122</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</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 <u>(Kirk Taleriko) KTRK Taleriko</u>			Date <u>2/8/2024</u>
Signature of Officer/Authorized Representative <u>Kirk Taleriko</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 YKQOP

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