



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
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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 001715501	2. Exact name of the Corporation COUNTERFORM Community Design and Print Studio
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island COUNTERFORM IS A COMMUNITY DESIGN AND PRINT STUDIO THAT OFFERS GRAPHIC DESIGN AND PRINTING SERVICES TO THE PROVIDENCE COMMUNITY
4. NAICS Code 813920	

6. Principal Office Address 23 ACORN STREET	City PROVIDENCE	State RI	Zip 02903
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSE R MENENDEZ LOPEZ			Vice-President Name TATIANA GÓMEZ GABBERO		
Street Address 22 HALSEY ST, UNIT 3			Street Address 22 HALSEY ST, UNIT 3		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
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 José R. Menéndez López			Director Name TATIANA GÓMEZ GABBERO		
Street Address 22 HALSEY ST UNIT 3			Street Address 22 Halsey St. UNIT 3		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name			Director Name DEVIA RODRIGUEZ-MASTOIAN		
Street Address			Street Address 104 TELL ST., APT # 1		
City	State	Zip	City PROVIDENCE	State RI	Zip 02906

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 José R. Menéndez López	Date 4.12.24
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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

FILED
APR 12 2024
BY V. O. Z. TC AA.