RI SOS Filing Number: 202452523650 Date: 4/24/2024 4:00:00 PM

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State of Rhode Island
Department of State - Business Services Division

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: 000273421	2. Exact name of the Corporation: Adelante Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: TO PROVIDE HOUSING FOR THE ELDERLY AND DISABLED.
4. NAICS Code: 624120	

6. Principal Office Address	City	State	Zip
861A Broad Street	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Frank T. Shea			Vice-President Name: Vicky Walters		
Street Address: 861A Broad Street			Street Address: 861A Broad Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907
Secretary Name: Kristin DeKuiper			Treasurer Name: Kristin DeKuiper		
Street Address: 861A Broad Street			Street Address: 861A Broad Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors — Check the box to indicate an attachment ☐

Director Name: Maghnee Gomes			Director Name: Peter Lau		
Street Address: 861A Broad Street			Street Address: 861A Broad Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907
Director Name: Michelle Brophy			Director Name: Larry Kellam		
Street Address: 861A Broad Street			Street Address: 861A Broad Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907

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
Frank T. Shea	4/17/2024

Signature of Officer/Authorized Representative

DocuSigned by: Frank T. Shea
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FILED

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2:26 BY ML 4869

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