



**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 <u>000799596</u>		2. Exact name of the Corporation <u>The DOMINICAN Independence and Heritage Award Comm.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>of RI</u> <u>Recognizes Dominicans in areas of Education, Science, Business, Sports, etc</u> <u>- Recognition of Dominican in the State of RI</u>			
4. NAICS Code <u>611519</u>					
6. Principal Office Address <u>27 STAMFORD AVE</u>			City <u>PROV</u>	State <u>RI</u>	Zip <u>00907</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>EVERIN PEREZ</u>			Vice-President Name <u>José Octavio Gomez</u>		
Street Address <u>27 STAMFORD AVE</u>			Street Address <u>119 Wales ST</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name <u>Arelis Medina</u>			Treasurer Name <u>Franklin Solgado</u>		
Street Address <u>123 Fourth Ave</u>			Street Address <u>544 HUNT ST. Central Falls</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>
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 <u>FRANKLIN SOLGADO</u>			Director Name <u>ISIDRO DELEON</u>		
Street Address <u>#5 Adelaide Ave</u>			Street Address <u>11 Meadow Ave</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
Director Name <u>SUAN RICHARDO</u>			Director Name		
Street Address <u>125 Lexington Ave</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>00907</u>	City	State	Zip
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 <u>EVERIN PEREZ</u>					Date <u>5/1/24</u>
Signature of Officer/Authorized Representative <u>Everin Perez</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

FILED  
MAY 1 2024  
BY QTASR  
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