



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</u> <u>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>02907</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>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02920</u>	
Secretary Name <u>Arelis Medina</u>		Treasurer Name <u>Franklin Solano</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>	City <u>Central Falls</u>	State <u>RI</u>
Zip <u>02895</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 Solano</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>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02919</u>	
Director Name <u>SUAN Richards</u>		Director Name	
Street Address <u>125 Lexington Ave</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	City	State
Zip <u>02907</u>		Zip	
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>EVERIN PEREZ</u>			Date <u>5/1/24</u>
Signature of Officer/Authorized Representative <u>Everin Perez</u>			

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

MAY 1 2024  
BY QTd8R  
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FORM 631- Revised: 04/2023