



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
 Non-Profit Corporation

MAY 07 2024
 1003

- 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 932501		2. Exact name of the Corporation CALLE LIMPIA FOUNDATION, INC			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island BRING COMMUNITIES TOGETHER IN ORDER TO DEVELOP RANGE OF SERVICE			
4. NAICS Code 813219 - Other Grantmaking <input type="checkbox"/>					
6. Principal Office Address 1070 BROAD STREET			City PROVIDENCE	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JESUS TITIN			Vice-President Name JESUS TITIN		
Street Address 1070 BROAD STREET			Street Address 1070 BROAD STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
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 SULAIDE ESPINAL			Director Name YINERKIS CONTRERAS		
Street Address 12 GROSVENOR AVENUE			Street Address 155 CRANSTON STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Director Name WANDALYS SANTIAGO			Director Name		
Street Address 106 EDGEWOOD AVENUE			Street Address		
City CRANSTON	State RI	Zip 02905	City	State	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JESUS TITIN				Date 01/01/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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