



State of Rhode Island  
Department of State - Business Services Division

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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 <b>000027261</b>		2. Exact name of the Corporation <b>Joslin Community Development Corporation</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Community Center providing child care, food pantry, and other social services.</b>			
4. NAICS Code <b>624190</b>					
6. Principal Office Address <b>231 Amherst Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02919</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Donna Taylor</b>			Vice-President Name <b>Alido Baldera</b>		
Street Address <b>158 Zinnia Drive</b>			Street Address <b>268 Whitford Ave</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Tanea Harris</b>			Treasurer Name <b>Anthony Ranglin</b>		
Street Address <b>260 Amherst Street</b>			Street Address <b>11 Mountain Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Guillermina Sanchez</b>			Director Name <b>Noelle Pierce</b>		
Street Address <b>174 Lawn Street</b>			Street Address <b>75 Victoria Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>Lourdes Hernandez</b>			Director Name		
Street Address <b>339 Simmonsville Ave</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	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>					
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 <b>Guillermina Sanchez</b>				Date <b>2023 5/31/24</b>	
Signature of Officer/Authorized Representative <i>Guillermina Sanchez</i>				<b>FILED</b>	

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

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BY TZF8F