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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022
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>001669538</u>		2. Exact name of the Corporation <u>Canela Foundation</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Charitable Organization helping children in need in the the State of RI and Dominican Republic.</u>	
4. NAICS Code <u>624190</u>			
6. Principal Office Address <u>224 Beckwith St. Crauston RI 02910</u>		City <u>Crauston</u>	State <u>RI</u>
		Zip <u>02910</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Manuel Pasado</u>		Vice-President Name <u>Isabel Canela</u>	
Street Address <u>224 Beckwith St.</u>		Street Address <u>224 Beckwith St.</u>	
City <u>Crauston</u>	State <u>RI</u>	City <u>Crauston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
Secretary Name <u>Elizabeth Diaz</u>		Treasurer Name	
Street Address <u>25 June St.</u>		Street Address	
City <u>Crauston</u>	State <u>RI</u>	City	State
Zip <u>02910</u>		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 <u>Pedro Diaz</u>		Director Name <u>Onlando Torrez</u>	
Street Address <u>224 Beckwith</u>		Street Address <u>224 Beckwith</u>	
City <u>Crauston</u>	State <u>RI</u>	City <u>Crauston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
Director Name <u>Cynthia Bautista</u>		Director Name	
Street Address <u>224 Beckwith</u>		Street Address	
City <u>Crauston</u>	State <u>RI</u>	City	State
Zip <u>02910</u>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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>			
<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 <u>Isabel Canela</u>			Date <u>6/13/24</u>
Signature of Officer/Authorized Representative <u>Isabel Canela</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
JUN 13 2024
BY PVV60

AA: 9:50 AM.

FORM 631- Revised: 04/2023