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24 JUN 25 PM 1:33:27State of Rhode Island
Department of State - Business Services DivisionAnnual 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>001762618</u>		2. Exact name of the Corporation <u>The Dela Rose Foundation</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>youth + family services → RI +</u> <u>Helping the less fortunate → Downer Rep</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>5 Daniels street 1st FL</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Miledys Castillo Dela Rosa</u>		Vice-President Name	
Street Address <u>5 Daniels Street 1st FLR</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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 <u>Madelene Herrera Dela Rosa</u>		Director Name <u>Robert Villa</u>	
Street Address <u>5 Daniels Street 1st FLR</u>		Street Address <u>5 Daniels Street 1st FLR</u>	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	
Director Name <u>Miledys Castillo de la Rosa</u>		Director Name	
Street Address <u>5 Daniels Street 1st FLR</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	
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>Miledys Castillo de la Rosa</u>			Date <u>06/25/24</u>
Signature of Officer/Authorized Representative <u>Madelene Herrera Dela Rosa</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 25 2024
BY 58 H91
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FORM 631- Revised: 04/2023