



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.

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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 + Helping the less fortunate → Downcross Ref</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 DeLaRosa</u>			Vice-President Name		
Street Address <u>5 Daniels Street 1st FL #</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
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 <u>Madelene Herrera DeLaRosa</u>			Director Name <u>Robert Villa</u>		
Street Address <u>5 Daniels Street 1st FL</u>			Street Address <u>5 Daniels Street 1st FL</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</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 FL</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	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.					
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 DeLaRosa</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

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