S	oer: 202457551	Date: 1	7/1/2024 4:00:00 PM	22 24	
State of Rhode Island Department of Sta Annual Report for the year: Non-Profit Corporation  Filing period: February 1 - May 1 Filing Fee: \$20.00 Penalty: Additional \$25.00 fee if	ate - Busines:		ivision	TC'D RIDOS 850 1JUL 1 PM3:45:15	
1. Entity ID Number	2. Exact name of		^ ı _		
NA1741379	Talesia	Casa	del HIFare	to	
3. State of Incorporation	5. Brief descripting	on of the character	r of business conducted in Rhade	tstand	_
RI		10010	( = 11 al	· · · · · · · ·	
4. NAICS Code	Cho	rch	(Small 9	roux 1	
113100			<u> </u>	/	I na
6. Principal Office Address 144 Elmdale Aue			a rovidence	State	210 02909
7. List ALL officers (names and add	iresses)	· · · · · · · · · · · · · · · · · · ·	المرابع فين المستحدين والمستحدين والمستحدين	the Box to Indicate an	
President Name (Sat )	1 Mate	0	Vice-President Name Ing Y	id Du	ran
Street Address	marle f	<del>1</del> Ue	Street Address I undale	Ave	
A STATE OF THE STA	<u> </u>		1 P/	State .	21p 0290
cay trouindence	State	2009	chy providence		MAG
Secretary Name	State	Zip 02909	Treasurer Name		10290
Troundence	State	<sup>210</sup> 2909	providence		10290
Secretary Name	State	Zip 2909	Treasurer Name	State	Zip
Secretary Name Street Address	State	Zip	Treasurer Name  Street Address  City  at least THREE directors.		Zip
Secretary Name Street Address City	State	Zip poretions MUST list	Treasurer Name  Street Address  City  t at least THREE directors.  Check	State	Zip attachment
Secretary Name Street Address City  8. List ALL directors (names and ac	State  ddresses). Ri Corp  Nale A	Zip coretions MUST IIs	Treasurer Name  Street Address  City  t at least THREE directors.  Check	State  It the box to indicate an  M  M  AU-E	Zip attachment
Secretary Name Street Address City  8. List ALL directors (names and action of the control of th	State  ddresses). Ri Corp  Nale A	Zip coretions MUST IIs	Treasurer Name  Street Address  Chy  t at least THREE directors.  Check  Director Name  Street Address  Chy  Chy  Chy  Chy  Chy  Chy  Chy  C	State It the box to indicate an	Zip attachment
Secretary Name  Street Address  City  8. List ALL directors (names and action Name Control Name	State  ddresses). Ri Corp  Nale A	Zip coretions MUST lis	Treasurer Name  Street Address  Chy  t at least THREE directors.  Check  Director Name  Street Address  Find a	State  It the box to indicate an  M  M  AU-E	Zip attachment
Secretary Name  Street Address  City  8. List ALL directors (names and action Name)  Street Address  City  Director Name  City  Director Name  Director Name	State  ddresses). Ri Corp  Nale A	Zip coretions MUST IIs	Treasurer Name  Street Address  Chy  t at least THREE directors.  Check  Director Name  Street Address  Chy  Chy  Chy  Chy  Chy  Chy  Chy  C	State  It the box to indicate an  AU-E  State	Zip  Zip  Zip  200
Secretary Name  Street Address  City  8. List ALL directors (names and action of the property	State  ddresses). RI Corp  Vale  State  Uran  Aue  State	Zip  Dorations MUST IIs  Ve  Zip  O2409	Treasurer Name  Street Address  Chy  t at least THREE directors.  Check  Director Name  Street Address  Chy  Chy  Chy  City  Director Name  Street Address  City  City  City  City  City  City  City	State  State	Zip attachment
Secretary Name  Street Address  City  8. List ALL directors (names and according to the content of the content	State ddresses). RI Corp  Vale A  State  State  n of record with the	Zip  Zip  Zip  Zip  Zip  Zip  A 29 9  RI Department of	Treasurer Name  Street Address  Chy  t at least THREE directors.  Check  Director Name  Street Address  City  Director Name  Street Address  City  Street Address  City  Street Address  City  Street Address  City  State is accurate. Changes requ	State  It the box to indicate an   Company of the box to indicate an   State  State  Use filing Form 641.	Zip  Zip  Zip  Zip
Secretary Name  Street Address  City  8. List ALL directors (names and action of the property	State  ddresses). RI Corp  AUC  State  State  of record with the  state and affirm that in  ats contained here	Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip	Treasurer Name  Street Address  Chy  I at least THREE directors.  Check  Director Name  Street Address  City  Director Name  Street Address  City  Street Address  City  I State is accurate. Changes requires report, including any accountered.	State  State  State  United filing Form 641.	Zip 2700

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island D2904-2615

Name of Officer/Authorized Representative

Signature of Officer/Authorized Representative

Phone: (401) 222-3040 Website: www.sos.rl.gov

**FILED** 

JUL 9 1 2024

Date

FORM 631- Revised: 04/2023