



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 001734-265	2. Exact name of the Corporation Dominican American New England Firefighters Fellowship Founc
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Non profit community based organization supporting firefighter volunteers corp home and abroad, specially strengthening the dominican american bonds of fellowship.
4. NAICS Code 8133A	

6. Principal Office Address 1 Cadillac Dr. Apt 618	City Providence	State RI	Zip 02907
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Juan Emilio Tejada Duran			Vice-President Name Luis Diaz Martinez		
Street Address 1 Cadillac Dr. Apt 618			Street Address 1 Cadillac Dr. Apt 618		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Ana M. Martinez			Treasurer Name Juan R. Rodriguez		
Street Address 1 Cadillac Dr. Apt 618			Street Address 1 Cadillac Dr. Apt 618		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Ana Vargas			Director Name Ridel Liddell		
Street Address 1 Cadillac Dr. Apt 618			Street Address 1 Cadillac Dr. Apt 618		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Anthony Lewis Diaz			Director Name Ismael Rodriguez		
Street Address 1 Cadillac Dr. Apt 618			Street Address 1 Cadillac Dr. Apt 618		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form R41

Under penalty of perjury, I declare and affirm that I have examined this report, including all attachments, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice President, Secretary, Treasurer, or another officer or director of the corporation.

Name of Officer/Authorized Representative: **LUIS D. MARTINEZ**

Signature of Officer/Authorized Representative: *[Handwritten Signature]*

FILED

JUL 19 2024

BY **QA NET**

200 PS