



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

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SECRETARY OF STATE
CORPORATE DIVISION

Annual Report for the year: 2023

Non-Profit Corporation

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- 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 001695689		2. Exact name of the Corporation Fundacion Medico Misionera Dr. de Leon Rosario (F mm)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non profit faith based organization promoting community awreness on health education and mission volunteer service.	
4. NAICS Code 813212 Voluntary health			
6. Principal Office Address 1 Cadillac Dr. Apt 618		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Brandley de Leon Rosario		Vice-President Name Jose Alberto Almanzar	
Street Address 1 Cadillac Dr. Apt. 618		Street Address 1 Cadillac Dr. Apt. 618	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Yolanda Langley		Treasurer Name Jose Alberto Almanzar	
Street Address 1 Cadillac Dr. Apt. 618		Street Address 1 Cadillac Dr. Apt. 618	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
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 Brandley de Leon Rosario		Director Name Jose Alberto Almanzar	
Street Address 1 Cadillac Dr. Apt. 618		Street Address 1 Cadillac Dr. Apt. 618	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name Yolanda Langley		Director Name	
Street Address 1 Cadillac Dr. Apt. 618		Street Address	
City Providence	State RI	City	State RI
Zip 02907		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.			
<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 Luis D. MARTINEZ			Date 07/15/2024
Signature of Officer/Authorized Representative 			

FILED

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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