



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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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SECRETARY OF STATE
CORPORATE DIV.

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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	Zip 02907	City Providence	State	Zip 02907
Secretary Name Yolanda Langlely			Treasurer Name Jose Alberto Almanzar		
Street Address 1 Cadillac Dr. Apt. 618			Street Address 1 Cadillac Dr. Apt. 618		
City	State RI	Zip 02907	City	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 <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	Zip 02907	City Providence	State RI	Zip 02907
Director Name Yolanda Langlely			Director Name		
Street Address 1 Cadillac Dr. Apt. 618			Street Address		
City Providence	State RI	Zip 02907	City	State RI	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Luis D. Martinez</u>					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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