

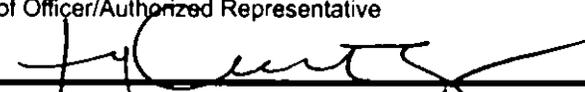


State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
2024 JUL 19 AM 11:49

1. Entity ID Number <b>001695689</b>		2. Exact name of the Corporation <b>Fundacion Medico Misionera Dr. de Leon Rosario (FMM)</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Non profit faith based organization promoting community awreness on health education and mission volunteer service.</b>			
4. NAICS Code <b>813212 Voluntary health</b>					
6. Principal Office Address <b>1 Cadillac Dr. Apt 618</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Brandley de Leon Rosario</b>			Vice-President Name <b>Jose Alberto Almanzar</b>		
Street Address <b>1 Cadillac Dr. Apt. 618</b>			Street Address <b>1 Cadillac Dr. Apt. 618</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State	Zip <b>02907</b>
Secretary Name <b>Yolanda Langley</b>			Treasurer Name <b>Jose Alberto Almanzar</b>		
Street Address <b>1 Cadillac Dr. Apt. 618</b>			Street Address <b>1 Cadillac Dr. Apt. 618</b>		
City	State <b>RI</b>	Zip <b>02907</b>	City	State <b>RI</b>	Zip <b>02907</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Brandley de Leon Rosario</b>			Director Name <b>Jose Alberto Almanzar</b>		
Street Address <b>1 Cadillac Dr. Apt. 618</b>			Street Address <b>1 Cadillac Dr. Apt. 618</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>Yolanda Langley</b>			Director Name		
Street Address <b>1 Cadillac Dr. Apt. 618</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State <b>RI</b>	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Luis D MARTINEZ</b>					Date <b>07/15/2024</b>
Signature of Officer/Authorized Representative 					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov

JUL 19 2024  
BY **EHT98** AA. 11:50 AM.