

REC'D RIDOS BSD
24 DEC 23 PM 2:51:07State of Rhode Island
Department of State - Business Services DivisionAnnual 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 <u>156966</u> <u>000156966</u>		2. Exact name of the Corporation <u>Mar 65 8th Community Center and after school program</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Educational C.C.</u>	
4. NAICS Code <u>624410</u>			
6. Principal Office Address <u>663 Charles ST</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02904</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Mano Mancheso</u>		Vice-President Name <u>Juan Pablo Lopez</u>	
Street Address <u>12 Peter ST</u>		Street Address <u>115 Waverly ST Providence</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02904</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Mano Mancheso</u>		Director Name <u>Juan Pablo Lopez</u>	
Street Address <u>12 Peter ST</u>		Street Address <u>115 Waverly ST Providence</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02904</u>
Director Name <u>Lizander L. Ma...</u>		Director Name	
Street Address <u>12 Peter ST #2</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02904</u>		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Mano Mancheso</u>			Date <u>8/8/2023</u>
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

DEC 23 2024

BY YOSWC
AA. 2:52pm

FORM 631- Revised: 04/2023