



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
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1. Entity ID Number <u>156966</u> <u>000156966</u>		2. Exact name of the Corporation <u>Mar 65 8th Commercial 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 Mancho</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>	Zip <u>02904</u>	City <u>Providence</u>
State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
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 Mancho</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>	Zip <u>02904</u>	City <u>Providence</u>
State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>
Director Name <u>Lizander L. Mancho</u>		Director Name	
Street Address <u>12 Peter ST #2</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City
State <u>RI</u>	Zip <u>02904</u>	City	State
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 Mancho</u>			Date <u>8/8/2023</u>
Signature of Officer/Authorized Representative			

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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BY YOSWC
AA. 2:52pm

FORM 631- Revised: 04/2023