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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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: 001672287	2. Exact name of the Corporation		
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To provide a safe and secure setting for adults outside their home		
4. NAICS Code: 624120			
6. Principal Office Address: 661 Charles ST.	City: Pvd	State: RI	Zip: 0290

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Orlando Mancebo			Vice-President Name: Juan P Gonzalez		
Street Address: 12 Capitol Hl			Street Address: 55 Veazie ST #214		
City: Providence	State: RI	Zip: 02904	City: Pvd	State: RI	Zip: 0290
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: Juan Pablo Gonzalez			Director Name: Orlando Mancebo		
Street Address: 15 Warren ST			Street Address: 12 Peter ST		
City: Pvd	State: RI	Zip: 02904	City: Pvd	State: RI	Zip: 0290
Director Name: Lidia M Castillo			Director Name:		
Street Address: 55 Veazie ST #214			Street Address:		
City: Pvd	State: RI	Zip: 02904	City:	State:	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: Juan Pablo Gonzalez — Date: 12/23/24

Signature of Officer/Authorized Representative: Juan P. Gonzalez

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 29HG8

FORM 631- Revised: 01/2023