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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	2. Exact name of the Corporation
001672287	
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	To provide a safe and secure setting for adults outside their home
4. NAICS Code	
624120	

6. Principal Office Address	City	State	Zip
661 Charles ST.	Pvd	RI	0290

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name	Vice-President Name
Orlando Mancebo	Juan P Gonzalez
Street Address: 12 Laport Rd	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	Director Name
Juan Pablo Gonzalez	Orlando L Mancebo
Street Address: 15 Warren ST	Street Address: 12 Peter R T
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	Date
Juan Pablo Gonzalez	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

FILED 3:35
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BY 29HG8

FORM 631- Revised: 01/2023

CBN