



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.

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1. Entity ID Number <u>001672287</u>		2. Exact name of the Corporation	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To provide a safe and secure setting for adults outside their home</u>	
4. NAICS Code <u>624120</u>			
6. Principal Office Address <u>661 Charles ST</u>		City <u>PROV</u>	State <u>RI</u> Zip <u>02904</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Orlando S. Mancibo</u>		Vice-President Name <u>Juan P. Gomis</u>	
Street Address <u>127 Robert St</u>		Street Address <u>55 Vespaie ST #214</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV</u> State <u>RI</u> Zip <u>02904</u>
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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Juan Pablo Gomis</u>		Director Name <u>Orlando S. Mancibo</u>	
Street Address <u>115 Waver ST</u>		Street Address <u>12 Peter ST</u>	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV</u> State <u>RI</u> Zip <u>02904</u>
Director Name <u>Lidia M. Castillo</u>		Director Name	
Street Address <u>55 Vespaie ST #214</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	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 <u>Juan Pablo Gomis</u>			Date <u>12/23/24</u>
Signature of Officer/Authorized Representative <u>Juan P. Gomis</u>			

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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FORM 631- Revised: 04/2023

DEC 23 2024

BY 29448