



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 000093243

2. Name of Corporation Donation Center Foundation of Rhode Island

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990

4. Principal Office Address

No. and Street: 188 VALLEY STREET

SUITE 219

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE PURPOSE OF THE DONATION CENTER FOUNDATION OF RHODE ISLAND IS TO ENGAGE IN ACTIVITIES TO RAISE FUNDS TO SUPPORT THE MISSION AND PURPOSES OF BIG BROTHERS BIG SISTERS OF RHODE ISLAND, AND OTHER CHARITIES/MENTORING PROGRAMS IN RHODE ISLAND AND MASSACHUSETTS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	YOMAYRA REYES	101 SUMTER STREET PROVIDENCE, RI 02907 USA
TREASURER	TED TURNBULL	7 OSPREY CIRCLE REHOBOTH, MA 02769 USA
SECRETARY	TIANA OCHOA	61 STELLA STREET PROVIDENCE, RI 02909 USA
CEO	KATJE AFONSECA	76 SUPERIOR VIEW BLVD NORTH PROVIDENCE, RI 02911 USA
VICE PRESIDENT	DAVID FONTES	164 BEAR HILL RD., UNIT 7 CUMBERLAND, RI 02864 USA
DIRECTOR	THOMAS FUREY	100 ALGONQUIN RD, UNIT 24 NARRAGANSETT, RI 02882 USA
DIRECTOR	C. PAUL OBERG	160 LYNN CIRCLE EAST GREENWICH, RI 02818 USA
DIRECTOR	ROSIE FERNANDEZ	205 GENTIAN AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	RHONDA LAPHAM	188 SOUTH STREET DOUGLAS, MA 01516 USA
DIRECTOR	GLEN P MARTIN	12 INTERVALE DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	TIFFANY NGUYEN	57 OVERLEA ROAD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	AIDA CROSSON	30 OAKLAWN AVE APT 318 CRANSTON, RI 02920 USA
DIRECTOR	LEEANNA RAPOSO	139 FOSTER STREET HARISSVILLE, RI 02830 USA
DIRECTOR	ADERITO DOS SANTOS	1 ARMAS COURT CUMBERLAND, RI 02864 USA
DIRECTOR	MICHAEL E SMITH	81 HENRY CASE WAY SOUTH KINGSTOWN, RI 02879 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KATJE AFONSECA 188 VALLEY STREET, SUITE 219 PROVIDENCE , RI 02909

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 6 Day of February, 2025 at 10:24:01 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein

are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By KATJE AFONSECA
Signature of Authorized Person

Form No. 631
Revised 09/07

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