



**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. 001747521

2. Name of Corporation Fundacion Familia Tavarez Inc.

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

624190

4. Principal Office Address

No. and Street: 32 PARKSIDE DRIVE

City or Town: PROVIDENCE State: RI Zip: 02910 Country: USA

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

PROVIDING FUNERAL PLANNING SERVICES
AND SUPPORT TO THE MEMBERS OF THE
TAVAREZ FAMILY

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
INCORPORATOR	FRANCES SEVERE	2804 GATEWAY OAKS DR STE 100 SACRAMENTO, CA 95833 USA
DIRECTOR	VICTOR CAPELLAN	32 PARKSIDE DRIVE PROVIDENCE, RI 02910 USA
DIRECTOR	MARIA POLANCO	42 QUEEN ST CRANSTON, RI 02920 USA
DIRECTOR	HERMINIA TAVAREZ	42 QUEEN ST CRANSTON, RI 02920 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

VICTOR F CAPELLAN 32 PARKSIDE DR PROVIDENCE , RI 02910

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

Signed this 4 Day of March, 2025 at 7:28:31 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 VICTOR F CAPELLAN
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved