



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
SECRETARY OF STATE

2025 MAR -6 PM 2:17

1. Entity ID Number 001720251		2. Exact name of the Corporation Claridad Community Services Inc.			
3. Principal Office Address 2893 Post Road			City Warwick	State RI	Zip 02886
4. NAICS Code 621112		6. Brief description of the character of business conducted in Rhode Island Mental health counseling			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Evelyn Veloz-Rocheleau			Vice-President Name Jennifer Torres Perez		
Street Address 320 Norwood Avenue			Street Address 44 Crocus Drive		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
Secretary Name Evelyn Veloz-Rocheleau			Treasurer Name Jennifer Torres Perez		
Street Address 320 Norwood Avenue			Street Address 44 Crocus Drive		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Evelyn Veloz-Rocheleau			Director Name Jennifer Torres Perez		
Street Address 320 Norwood Avenue			Street Address 44 Crocus Drive		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			10,000		CWP
					PAR VALUE
					\$0.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Evelyn Veloz-Rocheleau					Date 2.25.2025
Signature of Authorized Representative <i>Evelyn Veloz-Rocheleau</i>					FILED

MAR 06 2025

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov



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