

State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

2025 MAR -6 PM 2: 17

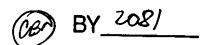
→ Penalty: Additional \$25.0	0 fee if form is no	t filed by May 31.			<u></u>			
Entity ID Number		2. Exact name of the Corporation						
001720251	Claridad	Claridad Community Services Inc.						
3. Principal Office Address			City	1 *			Zip	
2893 Post Road			Warwi	ck	RI		02886	
4. NAICS Code	6. Brief descri	Brief description of the character of business conducted in Rhode Island						
621112	Mental he	Mental health counseling						
5. State of Incorporation								
Rhode Island	l.					_		
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name Evelyn Velo:	Vice-President Name Jennifer Torres Perez							
Street Address 320 Norwood	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 Cra	^{City} Cranston		RI	^{Zip} 02920	
8. List ALL directors (names and	d addresses)				the box to ind	icate an al	tachment 🔲	
Director Name Evelyn Veloz	-Rocheleau		Director N	^{ame} Jennifer T	orres Pere	Z		
Street Address 320 Norwood	Street Address 44 Crocus Drive							
^{City} Warwick	State RI	^{Zip} 02888	Cranston		State	State RI Zin		
Director Name			Director Name					
Street Address	Street Address							
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Issu			k the box to inc	ficate an a		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	SHARES	CWP	SS/SERIES			
		10,000	10,000			\$0.01		
						<u> </u>		
 This report must be execute ceiver or trustee, this report mu 						in the har	ids of a re-	
Under penalty of perjury, I de	clare and affirm t	hat I have examine	ed this repo	rt, including any	accompanyin	g schedu	les and	
statements, and that all statements contained herein are true and Name of Authorized Representative					Date			
Evelyn Veloz-Rocheleau						2.25.2025		
Signature of Authorized Repres				FILED				
Culi	redo Bo	heller-						

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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