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

1. Entity ID Number	2. Exact name of the Corporation		
001720251	Claridad Community Services Inc.		
3. Principal Office Address	City	State	Zip
2893 Post Road	Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
621112	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	10,000	CWP	$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	Date
Evelyn Veloz-Rocheleau	2.25.2025

Signature of Authorized Representative: Evelyn Veloz Rocheleau

FILED
MAR 06 2025
BY 2081

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023