



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 MAR 10 PM 12:52:05

Annual Report for the year: 2025
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001753588		2. Exact name of the Corporation Refidim Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Help Children with Physical and Neurological Specialties, so that they obtain a better quality of Life.			
4. NAICS Code 813319					
6. Principal Office Address 451 Hartford Ave			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vilma J. Guerra			Vice-President Name Richard Guerra		
Street Address 451 Hartford Ave			Street Address 451 Hartford Ave		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Francis E. Guerra			Treasurer Name Ervin R. Peña		
Street Address 355 Plainfield Ave			Street Address 18 Tiffany St		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard Hiraldo			Director Name Ervin R. Peña		
Street Address 23 Kingfield St			Street Address 18 Tiffany St		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
Director Name Francis E. Guerra			Director Name		
Street Address 355 Plainfield Ave			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Richard Guerra					Date 3/10/2025
Signature of Officer/Authorized Representative 					FILED

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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