RI SOS Filing Number: 202567523480 Date: 3/18/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

2025 MAR 18 PM 8:35:01 SECY 2005 850

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: 000063362	2. Exact name of the Corporation: Club Juan Pablo Duarte
3. State of Incorporation: R.I	5. Brief description of the character of business conducted in Rhode Island: Educational, Social, Cultural and Sports Oriented.
4. NAICS Code: 813410	

6. Principal Office Address: 100 Niagara St. | City: Providence | State: R.I | Zip: 02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Luis Fernando Mancebo		Vice-President Name: Edwin Sanchez Cepeda	
Street Address: 82 Adelaide Ave.		Street Address: 30 Candace St.	
City: Providence	State: R.I Zip: 02907	City: Providence	State: R.I Zip: 02908
Secretary Name: Victor Manuel Peguero		Treasurer Name: Marlene Castillo de B	
Street Address: 219 Ohio Ave.		Street Address: 60 Congress Ave.	
City: Providence	State: R.I Zip: 02905	City: Providence	State: R.I Zip: 02907

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Julia Hernandez		Director Name: Carlos Tejeda	
Street Address: 31 Reynolds Ave.		Street Address: 228 Sclarendon St.	
City: Providence	State: R.I Zip: 02905	City: Cranston	State: R.I Zip: 02910
Director Name: Marisol Colon		Director Name: Yrineo Beato	
Street Address: 468 Public St.		Street Address: 11 Elma St.	
City: Providence	State: R.I Zip: 02907	City: Providence	State: R.I Zip: 02905

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.

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

Name of Officer/Authorized Representative: Luis Fernando Mancebo	Date: 3-13-25
Signature of Officer/Authorized Representative: Luis F Mancebo	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

MAR 18 2025 BY

FORM 631- Revised: 12/2023