



State of Rhode Island  
Department of State - Business Services Division

**FILED**  
**STATE**  
**MAR 20 2025**  
BY 14035

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 <b>001740008</b>		2. Exact name of the Corporation <b>HOMES FOR GOOD FAMILIES INC.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>REHABILITATION OF ABANDONED AND NEGLECTED PROPERTIES TO BENEFIT ECONOMICALLY CHALLENGED COMMUNITIES AND OTHER RELATED PURPOSES</b>			
4. NAICS Code <b>624229</b>					
6. Principal Office Address <b>986 Broad Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Carlos M. Lizardo</b>			Vice-President Name <b>Jose Dominguez</b>		
Street Address <b>110 Rugby Street, Apt. 3</b>			Street Address <b>69 Belmont Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name			Treasurer Name <b>Mariser Sanchez</b>		
Street Address			Street Address <b>873 River Avenue</b>		
City	State	Zip	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Same as above</b>			Director Name <b>Same as above</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name <b>Same as above</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>CARLOS M. LIZARDO</b>				Date <b>3/14/25</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
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