



State of Rhode Island
Department of State - Business Services Division

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.

REC'D 21003 350
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1. Entity ID Number 1759189		2. Exact name of the Corporation ANA TESESA FOUNDATION INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>Support on the development of the individual with focus on Education Job training, Sports, and their in order to provide strength to society</i>	
4. NAICS Code 813312			
6. Principal Office Address 1014 Broad St		City Providence	State RI
		Zip 02905	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Andres Hernandez		Vice-President Name OSIRIS FREQUYO	
Street Address 570 Cranston st apt #3		Street Address 1201 EDDY ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02905	
Secretary Name Claudio Rojas		Treasurer Name ZOLA ALVIZO	
Street Address 18 MITCHEL ST		Street Address 122 HARVARD ST	
City PROVIDENCE	State RI	City CRANSTON	State RI
Zip 02907		Zip 02920	
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 Julio C. Ramos		Director Name YAROLIN MEDINA	
Street Address 570 CRANSTON ST		Street Address 18 MITCHEL ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
Director Name ERVIN RAMOS		Director Name JESAS ANGLON	
Street Address 570 Cranston St		Street Address 17 West Harry St	
City PROVIDENCE	State RI	City CRANSTON	State RI
Zip 02907		Zip 02920	
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.			
<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 Julio C. Ramos			Date 03 25 2025
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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

FILED

MAR 25 2025
BY EYCJA
[Signature]