



State of Rhode Island  
Department of State - Business Services Division

REC'D 21003 350  
25 MAR 25 09:13:54

Annual Report for the year: 2023  
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>1759189</b>		2. Exact name of the Corporation <b>ANA TESESA FOUNDATION INC</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>SUPPORT ON THE DEVELOPMENT OF THE INDIVIDUAL WITH FOCUS ON EDUCATION, JOB TRAINING, SPORTS, AND TRAVEL IN ORDER TO PROVIDE STRENGTH TO SOCIETY</b>	
4. NAICS Code <b>813312</b>			
6. Principal Office Address <b>1014 Broad St</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02905</b>	
7. List ALL officers (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>			
President Name <b>Andres Hernandez</b>		Vice-President Name <b>OSIRIS FREQUYO</b>	
Street Address <b>570 Cranston St apt #3</b>		Street Address <b>1201 EDDY ST</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02905</b>	
Secretary Name <b>Claudio Rivas</b>		Treasurer Name <b>ZOLA ALVIZO</b>	
Street Address <b>18 MITCHEL ST</b>		Street Address <b>122 HARVARD ST</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02920</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>Julio C. Ramos</b>		Director Name <b>YAROLIN MEDINA</b>	
Street Address <b>570 CRANSTON ST</b>		Street Address <b>18 MITCHEL ST</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Director Name <b>ERVIN RAMOS</b>		Director Name <b>JESAS ARROYO</b>	
Street Address <b>570 Cranston St</b>		Street Address <b>17 West Harry St</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02920</b>	
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>			
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 <b>Julio C. Ramos</b>			Date <b>03 25 2023</b>
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 2023  
BY EYCJA  
*[Signature]*