



State of Rhode Island  
Department of State - Business Services Division

FILED

APR 07 2025

BY

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>1733897</b>		2. Exact name of the Corporation <b>CENTRAL FALLS FOUNDATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PRODUCE, MANAGE AND OPERATE AFFORDABLE HOUSING THROUGH THIS ENTITY AND ALL SUBSIDIARIES</b>			
4. NAICS Code <b>531311</b>					
6. Principal Office Address <b>30 WASHINGTON STREET</b>			City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</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>BRIDGETT DUQUETTE</b>			Vice-President Name <b>JONATHAN KELLY</b>		
Street Address <b>30 WASHINGTON STREET</b>			Street Address <b>150 JENKS STREET</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MIGUEL GARCIA</b>			Director Name <b>GIDGET GRIVERS</b>		
Street Address <b>39 WASHINGTON STREET</b>			Street Address <b>125 HIDDEN VALLEY LANE</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Director Name <b>BARBARA SILVIS</b>			Director Name <b>JACKIE PARRA</b>		
Street Address <b>404 ROOSEVELT AVENUE</b>			Street Address <b>72 NOTRE DAME STREET</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</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>					
<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>JOSEPH A. LAMAGNA, GENERAL COUNSEL</b>					Date <b>4/3/2025</b>
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

3 W. River Street, Providence, Rhode Island 02904-2615

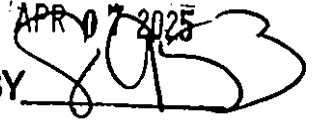
Phone: (401) 222-3040

Website: www.sos.ri.gov

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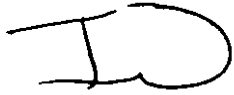
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ATTACHMENT TO  
2025 ANNUAL REPORT OF  
CENTRAL FALLS FOUNDATION



1733897

DIRECTOR:

JONATHAN KELLY  
150 JENKS STREET  
CENTRAL FALLS, RI 02863