



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.

FILED
APR 11 2025
BY 8957

1. Entity ID Number 000084100		2. Exact name of the Corporation CENTRAL FALLS FAMILY SELF SUFFICIENCY FOUNDATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO ASSIST LOW INCOME AND SUBSIDIZED HOUSING TENANTS AND FAMILIES INCLUDING BUT NOT LIMITED TO HUD SECTION 8 HOUSING TENANTS AND FAMILIES			
4. NAICS Code 624190					
6. Principal Office Address 30 WASHINGTON STREET			City CENTRAL FALLS	State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRIDGETT DUQUETTE			Vice-President Name JONATHAN KELLY		
Street Address 30 WASHINGTON STREET			Street Address 150 JENKS STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 MIGUEL GARCIA			Director Name GIDGET GRIVERS		
Street Address 39 WASHINGTON STREET			Street Address 125 HIDDEN VALLEY LANE		
City CENTRAL FALLS	State RI	Zip 02863	City LINCOLN	State RI	Zip 02865
Director Name BARBARA SILVAS			Director Name JACKIE PARRA		
Street Address 404 ROOSEVELT AVENUE			Street Address 72 NOTRE DAME STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
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 JOSEPH A. LAMAGNA, GENERAL COUNSEL					Date 4/7/2025
Signature of Officer/Authorized Representative 					

MAIL TO:
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