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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.

1. Entity ID Number	2. Exact name of the Corporation
001726724	Books For Pinoys Foundation
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: BUILDING LIBRARY in the Philippines purchasing, shipping of Books, computers up keep, capitol projects, PROGRAMS
4. NAICS Code: 624190	

6. Principal Office Address	City	State	Zip
240 Cove Ave	Warwick	RI	02889

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Joseph Alisch	
Street Address: 240 cove ave	Street Address:
City: Warwick; State: RI; Zip: 02889	City: ; State: ; Zip:
Secretary Name: Wilma Lopez	Treasurer Name: ~~TREASURE~~ Alma Alisch
Street Address: 16 Secatogue Ave.	Street Address: 9 Avon ST.
City: E. Islip; State: NY; Zip: 11730	City: Seekonk; State: MA; Zip: 02771

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Joseph Alisch	Alma Alisch
Street Address: 240 cove ave	Street Address: 9 Avon ST.
City: Warwick; State: RI; Zip: 02889	City: Seekonk; State: MA; Zip: 02771
Director Name: Wilma Lopez	Director Name:
Street Address: 16 Secatogue Ave.	Street Address:
City: E. Islip; State: NY; Zip: 11730	City: ; State: ; Zip:

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.

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	Date
Alma Alisch	5/21/2025

Signature of Officer/Authorized Representative: Alma Alisch

FILED
MAY 21 2025
BY 1063

MAIL TO:
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Website: www.sos.ri.gov