

REC'D RIDGOS BSD  
MAY 29 PM 2:09:51State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: Amend 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>1759189</b>		2. Exact name of the Corporation <b>ANATERESA FOUNDATION INC</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>SUPPORT on the development the individuals, with focus on Education, Job Training, Sport and recreation order to provide STRENGTH TO SOCIETY</b>	
4. NAICS Code <b>813312</b>			
6. Principal Office Address <b>570 CRANSTON ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02907</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>Julio Cesar Ramos Reyes Jr</b>		Vice-President Name <b>ERULIN RAMOS CAMPANA</b>	
Street Address <b>2800 SW 27th Terrace</b>		Street Address <b>570 CRANSTON ST APT 3</b>	
City <b>MIAMI</b>	State <b>FLA</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>33133</b>		Zip <b>02907</b>	
Secretary Name <b>JAROLIN MEDINA</b>		Treasurer Name <b>ZOLA ALVIZU</b>	
Street Address <b>122 HARVARD ST</b>		Street Address <b>122 HARVARD ST</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02926</b>		Zip <b>02926</b>	
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>Julio Ramos Sr</b>		Director Name <b>ANDRES Almonte</b>	
Street Address <b>570 CRANSTON ST APT 3</b>		Street Address <b>40 ATLANTIC AVE</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>JESUS ANDUJAR</b>		Director Name <b>BETZALDA MEDRANO</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>02901</b>	
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 <b>Julio Ramos</b>			Date <b>05-29-2025</b>
Signature of Officer/Authorized Representative 			<b>FILED</b>

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

MAY 29 2025 2:09

BY



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

May 29, 2025 02:09 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

