



State of Rhode Island
Department of State - Business Services Division

Annual 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.

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1. Entity ID Number 1759189		2. Exact name of the Corporation ANATERESA FOUNDATION INC	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island SUPPORT on the development the individuals, with focus on Education, Job Training, Sport and recreation order to provide STRENGTH TO SOCIETY	
4. NAICS Code 813312			
6. Principal Office Address 570 CRANSTON ST		City PROVIDENCE	State RI
		Zip 02907	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Julio Cesar Ramos Reyes Jr		Vice-President Name ERULIN RAMOS CAMPANA	
Street Address 2800 SW 27th Terrace		Street Address 570 CRANSTON ST APT 3	
City MIAMI	State FL	City PROVIDENCE	State RI
Zip 33133		Zip 02907	
Secretary Name JAROLIN MEDINA		Treasurer Name ZOLA ALVIZU	
Street Address 122 HARVARD ST		Street Address 122 HARVARD ST	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02926		Zip 02926	
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 Julio Ramos Sr		Director Name ANDRES Almonte	
Street Address 570 CRANSTON ST APT 3		Street Address 40 ATLANTIC AVE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
Director Name JESUS ANDUJAR		Director Name BETZALDA MEDRANO	
Street Address 570 CRANSTON ST APT 3		Street Address 1201 Eddy ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02901	
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 Julio Ramos			Date 05-29-2025
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.n.gov

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BY *[Signature]*

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