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25 JUN 2 PM 4:26:24State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year:
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 001755972		2. Exact name of the Corporation MA ALICE'S HOUSE Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Educational + charitable, multi service for English/Food Poor Communities in RI and Cape Verde; Elderly and school age population.	
4. NAICS Code 62420			
6. Principal Office Address 377 Woonasquatucket Ave Unit B		City N. Providence	State RI
		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Maria S. DaMoura		Vice-President Name Mark K. Chrobak	
Street Address 377 Woonasquatucket Ave. Unit B		Street Address 377 Woonasquatucket Ave Unit B	
City N. Providence	State RI	City N. Providence	State RI
Zip 02911		Zip 02911	
Secretary Name Marilia Soares		Treasurer Name Stanley Boise	
Street Address 68 Lonedale Ave		Street Address 914 Park Ave	
City Central Falls	State RI	City Cranston	State RI
Zip 02862		Zip 02910	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Mr. Jose DaMoura		Director Name Ms. Danlette Norris	
Street Address 174 Broad St.		Street Address 645 Elmwood Ave	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02907	
Director Name Mrs. Kinga Correia		Director Name Ms. Patricia L. Jackson	
Street Address 645 Elmwood Ave.		Street Address 6598 E. Thomas Rd. Apt. 1048	
City Providence	State RI	City Scottsdale	State AZ
Zip 02907		Zip 85251	
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 Maria S. DaMoura			Date 6/2/25
Signature of Officer/Authorized Representative Maria S. DaMoura			FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02804-2615
 Phone: (401) 777-3000

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