REC'D RIDOS BSD
'25 JUN 2 PM4:26:24

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
001755972	MA ALICE'S HOUSE Inc.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Educational & Charitable, multi service for English/Food Poor Communities in RI and Cape Verde; Elderly and school age population.
4. NAICS Code	
624210	

6. Principal Office Address	City	State	Zip
377 Woonasquatucket Ave Unit B	N. Providence	RI	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	Zip: 02911	City: N. Providence	State: RI	Zip: 02911
Secretary Name: Marilia Soares			Treasurer Name: Stanley Boise		
Street Address: 68 Lonsdale Ave			Street Address: 914 Park Ave		
City: Central Falls	State: RI	Zip: 02862	City: Cranston	State: RI	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	Zip: 02860	City: Providence	State: RI	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	Zip: 02907	City: Scottsdale	State: AZ	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 02904-2615
Phone: (401) 222-3040

JUN 02 2025
BY: [illegible]

4260