



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.

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USE ONLY

1. Entity ID Number <u>000788175</u>		2. Exact name of the Corporation <u>MUTERES CON PODER DE PROV. RI.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO HAVE MONTHLY MEETING WHERE WE AS GROUP CAN IDENTIFY THE PROBLEMS WE HAVE ON OUR FAMILY OR COMMUNITY.</u>			
4. NAICS Code <u>624190</u>					
6. Principal Office Address <u>51 ALVIN ST</u>			City <u>PROV.</u>	State <u>RI</u>	Zip <u>02907</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>MARIA D. FARARDO</u>			Vice-President Name		
Street Address <u>51 ALVIN ST</u>			Street Address		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
Secretary Name			Treasurer Name <u>SESENIA FARARDO</u>		
Street Address			Street Address <u>51 ALVIN ST</u>		
City	State	Zip	City <u>PROV.</u>	State <u>RI</u>	Zip <u>02907</u>
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 <u>MARIA D. FARARDO</u>			Director Name <u>SESENIA FARARDO</u>		
Street Address <u>51 ALVIN ST</u>			Street Address <u>51 ALVIN ST</u>		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>PROV.</u>	State <u>RI</u>	Zip <u>02907</u>
Director Name <u>MARIA D. FARARDO</u>			Director Name		
Street Address <u>51 ALVIN ST</u>			Street Address		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <u>[Signature]</u>					Date <u>7/02/25</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					<u>07-02-2025</u>

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

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BY 322RH