RI SOS Filing Number: 202579840780 Date: 10/24/2025 11:47:00 AM

State of Rhode Island
Department of State - Business Services Division

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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
000799596	The Dominican Independence and Heritage Award Committee of RI
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO preserve the traditions of the Dominican culture for future generations
4. NAICS Code: 611519	

6. Principal Office Address	City	State	Zip
27 Stamford Ave	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Everin Perez	Octvio Gomez
Street Address: 27 Stamford Ave	Street Address: 119 Wales St
City: Providence / State: RI / Zip: 02907	City: Cranston / State: RI / Zip: 02920
Secretary Name	**Treasurer Name**
Arelis Meding	Franklin Solano
Street Address: 123 Fourth Ave	Street Address: 544 Hunt St
City: Woonsocket / State: RI / Zip: 02895	City: Central Falls / State: RI / Zip: 02863

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Everin Perez	Isidro Deleon
Street Address: 27 Stamford Ave	Street Address: 485 Scituate Ave
City: Providence / State: RI / Zip: 02907	City: Cranston / State: RI / Zip: 02921
Director Name	**Director Name**
Octvio Gomez	
Street Address: 119 Wales St	Street Address:
City: Cranston / State: RI / Zip: 02920	City / State / Zip:

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	Date
✓ EVERIN PEREZ 11:47AM	✓ 10/8/25

Signature of Officer/Authorized Representative: ✓ [signature]

FILED KM

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

OCT 24 2025
BY QZTVM

FORM 631- Revised 12/2023