	State of Rhode Office of the Secre		Fee: \$20.00	
		tary of State		
	Division Of Busine	ss Services		
	148 W. River			
1104	Providence RI 02			
1630	(401) 222-3	040		
Non-Profit Corporation Annual Report	,			
Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6 annual report within the time pre penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENT	ER THE CURRENT YEAR	2024 : <u>2024</u>		
1. Corporate ID No. 000053209				
2. Name of Corporation <u>Quisqueya In Action</u>				
3. State of Incorporation				
State: <u>RI</u>				
NAICS CODE				
Using the dropdown labeled Na primary type of activity in whic populate a NAICS Code based box on the right. For further as	h your entity engages. The on the chosen selection. I	e box to the right of the f the NAICS Code is kn	dropdown will	
NAICS Code				
0053209				
4. Principal Office Address				
	LYN CEPEDA			
City or Town: <u>PROVIDEN</u>	<u>AD STREET UNIT-B</u> NCE	State: <u>RI</u> Zip: <u>0290</u>	05 Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
DECEDVE THE DOMINIC	ANCULIUKE			
PRESERVE THE DOMINIC	he Officers and Disset			
PRESERVE THE DOMINIC 6. Names and Addresses of the All Directors and Officers mu- Island Corporation shall not b	ist be listed individually. T		ORS of a Rhode	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	MARILYN CEPEDA	25 POTTER DRIVE PROVIDENCE, RI 02907 USA	
SECRETARY	JOVANNA GARCIA	99 MITCHELL ST PROVIDENCE , RI 02907 USA	
VICE PRESIDENT	HUASCAR BEATO	152 GALLUP ST PROVIDENCE, RI 02907 USA	
DIRECTOR	MARILYN CEPEDA	25 POTTER DRIVE PROVIDENCE, RI 02907 USA	
DIRECTOR	MILARY TAVAREZ	86 ZINNIA DRIVE CRANSTON, RI 02920 USA	
DIRECTOR	CARMEN GUERO	810 BROAD STREET PROVIDENCE, RI 02907 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARILYN CEPEDA 25 POTTER DRIVE PROVIDENCE , RI 02907

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of May, 2024 at 11:57:42 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that*

individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By MARILYN CEPEDA

Signature of Authorized Person

Form No. 631 Revised 09/07

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