



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>156827</u>		2. Name of Corporation <u>La Alianza Pro La Salud Del Hispano (the alliance Pro Hispanic Health)</u>			
3. State of Incorporation <u>RI</u>	4. Corporate address in Rhode Island - Street Address <u>1099 Broad St.</u>		City <u>PROV RI</u>	Zip <u>02907</u>	
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island - <u>The purpose of the organization is to help, guide, support, promote, advocate and provide direct services and referral to the Hispanic/Latino adult, elderly and person with disabilities.</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Maria Matias</u>			Vice President Name <u>Louderes V. Richards</u>		
Street Address <u>26 Earl Street, Apt A.</u>			Street Address <u>387 George Arden Ave</u>		
City <u>West Warwick RI</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
Secretary Name <u>Luis Iusind</u>			Treasurer Name <u>Maximo Zapata</u>		
Street Address <u>25 Victoria St.</u>			Street Address <u>77 Leigh Street</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Maria Matias</u>			Director Name <u>Luis Iusind</u>		
Street Address <u>26 Earl St. Apt A</u>			Street Address <u>25 Victoria St.</u>		
City <u>West Warwick RI</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>N. PROV.</u>	State <u>RI</u>	Zip <u>02904</u>
Director Name <u>Louderes V. Richards</u>			Director Name <u>Esperanza Gomez</u>		
Street Address <u>387 George Arden Ave</u>			Street Address <u>1000 Providence place Mall apt 108</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02903</u>
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>Maria Matias</u>			Address		
Address <u>1099 Broad St.</u>			City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED
Check No.	AUG 08 2008
By	<u>0265379</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer

Date

Louderes V. Richards

Print or Type Name of Officer

Vice President

Title of Officer