



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
2009 401.222.3040

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. 000114121		2. Name of Corporation Providence Latin American Film Festival	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 180 Shaw Avenue	
5. Foreign corporation. Enter principal office address		City Cranston	Zip 02905
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To produce an annual festival of Latin American media and to promote Latin American culture through a variety of cultural and educational activities.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name (Chairman) ANTONIO AGUILAR		Vice President Name (Co-chairman) RUTH DAVIS	
Street Address 125 HOLDEN STREET		Street Address 10 BELAIR AVENUE	
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE
Secretary Name SANDRA PETERSON		Treasurer Name RON CROSSON II	
Street Address 825 PONTIAC AVENUE #18108		Street Address 180 ELENA STREET	
City CRANSTON	State RI	Zip 02910	City CRANSTON
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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 JOSE M. TORREALBA		Director Name TREVOR - TETADA - BORGES, MD	
Street Address 180 SHAW AVENUE		Street Address 101 DUPLEY STREET	
City CRANSTON	State RI	Zip 02905	City PROVIDENCE
Director Name PAUL CAMPBELL		Director Name	
Street Address 1291 NARRAGANSETT BLVD, UNIT 5		Street Address	
City CRANSTON	State RI	Zip 02905	City
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 JUN 26 PM 12: 26

File Date _____ **FILED** _____
Check No. _____ **JUN 26 2009** _____
By: _____ **By 06393210** _____
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 Ron Crosson #4 Date 6/26/09
 Print or Type Name of Officer RON CROSSON #4
 Title of Officer TREASURER