



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 99748		2. Exact name of the Corporation The Colombian American Cultural Society Inc.			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address P.O. Box 117		City Central Falls	Zip 02863
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Cultural					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carlos A Guzman			Vice-President Name Olga Mendoza		
Street Address 18 Marlis Drive			Street Address 63 Valley Street		
City Attleboro	State MA	Zip 02703	City Central Falls	State RI	Zip 02863
Secretary Name Monica Cortez			Treasurer Name Dayro L Jaramillo		
Street Address 79 Hadwin Street			Street Address 17 Breakneck Hill Rd		
City Central Falls	State RI	Zip 02863	City Lincoln	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gabriel Martinez			Director Name Mabel Gutierrez		
Street Address 142 Oakland Ave			Street Address 30 Webster Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02860
Director Name Reynaldo Perez			Director Name Jorge Olarte		
Street Address 25 Cowden Street			Street Address 162 York Ave		
City Central Falls	State RI	Zip 028663	City Pawtucket	State RI	Zip 02860
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date **MAR 19 2012**
 Check No **BY 1054**
 By: _____

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 **Dayro L Jaramillo** Date **03/14/2012**

Dayro L Jaramillo

Print or Type Name of Officer

Treasurer

Title of Officer