



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/business

2012

2012 JUL 31
PH 2
SECRETARY OF STATE
CORPORATIONS DIVISION

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 129748		2. Exact name of the Corporation Hispanics United Development Organization	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island YOUTH & ADULTS - EDUCATIONAL, SOCIAL, CULTURAL, ETHNIC 61 Georgia Ave. Providence	
5. Principal office address 61 Georgia Ave		City PROVIDENCE	State RI
		Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Emelda R. Benitez		Vice-President Name Angela Urbacz	
Street Address 61 Georgia Ave		Street Address 135 Verndale Ave	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Secretary Name Ricardo Urbacz		Treasurer Name Darlene Morel Polanco	
Street Address 61 Georgia Ave		Street Address 76 CALLA AVE	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name ERASMO RAMIREZ		Director Name CARLOS DE LEDN	
Street Address 85 Rutherglen St		Street Address 135 Verndale Ave	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02905	
Director Name J. ELIAS RAMIREZ		Director Name EDDY DE AZA	
Street Address 100 NIAGARA ST		Street Address 382 Thurbers AVE	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02905	
8. 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

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY

FILED 215
JUL 31 2012
DL 176035

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.
Emelda R. Benitez 7/31/2012
Signature of Officer Date
EMELDA R. BENITEZ
Print or Type Name of Officer
President
Title of Officer