



**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

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

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>143865</b>		2. Exact name of the Corporation <b>Latino Consulting Inc.</b>			
3. Principal office address <b>40 Melrose Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. Business Phone No. <b>401-785-4912</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To provide early learning educational services, after school program and counseling services.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Ana B. Franco</b>		Vice-President Name <b>Ana B. Franco</b>			
Street Address <b>40 Melrose Street</b>		Street Address <b>40 Melrose Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>Ana B. Franco</b>		Treasurer Name <b>Ana B. Franco</b>			
Street Address <b>40 Melrose Street</b>		Street Address <b>40 Melrose Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Ana B. Franco</b>		Director Name			
Street Address <b>40 Melrose Street</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	cnp	0.0000

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**AUG 09 2012**

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.

*Ana B. Franco* 8/9/12  
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

*Ana B. Franco*  
 Print or Type Name of Authorized Representative

BY *AM*  
 029-176583