



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. 114121		2. Exact name of the Corporation Providence Festival for New Latin American Cinema (aka, Providence Latin American Film Festival)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Showcase top art films from Latin America, Spain, Portugal and USA Latino filmmakers to audiences in order to foster understanding of the Latino experience.			
5. Principal office address 151 Broadway, Suite 200		City Providence		State RI	Zip 02903
President Name Mary LaMarca		Vice-President Name Nuria Alonso Garcia			
Street Address 150 Mount Vernon Blvd		Street Address 57 Olney Street			
City Pawtucket	State RI	Zip 02861	City Cranston	State RI	Zip 02905
Secretary Name Analia Alcolea		Treasurer Name Tony Houston			
Street Address 138 Penn Street		Street Address 108 Fort Avenue			
City Providence	State RI	Zip 02905	City Cranston	State RI	Zip 02905
ALL NON-PROFIT CORPORATIONS AND ADDRESSES. RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS					
Director Name Tony Aguilar		Director Name Mary LaMarca			
Street Address 151 Broadway, Suite 200		Street Address 150 Mount Vernon Blvd			
City Providence	State RI	Zip 02903	City Pawtucket	State RI	Zip 02861
Director Name Nuria Alonso Garcia		Director Name Analia Alcolea			
Street Address 57 Olney Street		Street Address 138 Penn Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02905
IDENTIFIED 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

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

09/12/13

Date

Print or Type Name of Officer

Title of Officer

BY 02205793