



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 2014

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. 133407		2. Exact name of the Corporation ZULUAGA FINANCE CENTER, INC.			
3. Principal office address 791 DEXTER ST.			City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. (401) 724-3080		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RENDERING FINANCE AND INSURANCE RELATED SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JAIME A. ZULUAGA			Vice-President Name JAIME A. ZULUAGA		
Street Address 791 DEXTER ST.			Street Address 791 DEXTER ST.		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name JAIME A. ZULUAGA			Treasurer Name JAIME A. ZULUAGA		
Street Address (SAME AS ABOVE)			Street Address (SAME AS ABOVE)		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	COMMON	NONE

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.

File Date _____
 Check No _____
 BY: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 19 2014
 2032

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 Authorized Representative

Date

JAIME A ZULUAGA

Print or Type Name of Authorized Representative