



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. 143865		2. Exact name of the Corporation Latino Consulting Inc.			
3. Principal office address 40 Melrose Street		City Providence	State RI	Zip 02907	
4. Business Phone No. 401-785-4912		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Provide early learning educational services, after school program and counseling services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Ana B. Franco		Vice-President Name Ana B. Franco			
Street Address 40 Melrose Street		Street Address 40 Melrose Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Ana B. Franco		Treasurer Name Ana B. Franco			
Street Address 40 Melrose Street		Street Address 40 Melrose Street			
City Providence	State RI	Zip 02907100	City Providence	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Ana B. Franco		Director Name Ana B. Franco			
Street Address 40 Melrose Street		Street Address 40 Melrose Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

APR 15 2014

By 49-222291

A.A. 11:31 A.M.

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

Print or Type Name of Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 APR 15 AM 11:29