

1. Entity ID No.

## 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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

2. Exact name of the Corporation

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

		_		_
000129748	Hispanics U	nited Develop	ment	Organization
3. State of Incorporation	4. Brief description of the character of bu	siness conducted in Rhode Island		J
RI	SOCIAL S	BRUICES		
5. Principal office address  6 GEDQ6/A AVE.		PROVIDENCE	State P T	D2GDS
pro	AND ADDRESSES) ("X" BOX FOR AT		1	02.10
President Name	^	Vice-President Name		
Emelda Benitez		JOSE E. RAMIREZ		
Street Address 66 Georgia Ave		Street Address  100 NIAGARA ST		
	State Zip	City O	State	Zip
Secretary Name	KI 02905	Treasuren Name	1 R 1	03907
Y	eimy Gomez	- Grenvenido	tem	eras
Street Address	st	Street Address 6-GdS	TONE S	it
Por dence	State Zip	Providence	State	Zip 02905
7. LIST ALL DIRECTORS (NAME	S AND ADDRESSES). RHODE ISLAND	<del>^</del>	LESS THAN T	<del></del>
("X" BOX FOR ATTACHMENT)	· L		_	
Director Name NIEVES XUNEZ		Daniel Lecalta		
Street Address CALIFORNIA AUE		Street Address 28 Darmouth Ave		
City Davidence	State   Zip   R	City Proxidence	State	zip 62907
Director Name		Director Name	1 - '-	03101
· KICATAU U	r baez	HIEXIS Va	RMO	
Street Address	AUF.	Street Address 77 MTT-hol S	+ 1st	rL
City	State Zip	City	State R 1	02907
8. REGISTERED AGENT IN RHOI	PI 02905 DE ISLAND	PIDVIOLNCE	157	02707
This information is currently of r	ecord in the Office of the Secretary of	State. Changes require filing Form	ı 641.	
· · · · · · · · · · · · · · · · · · ·	r the President, Vice-President, Secretary	<del>-</del> <del>-</del>		presentative, Receiver
EII FD				
File Date 1 0.20		Under penalty of perjury, I declar this report, including any accor		
JUN 1 2 20	JUNIS ANIO: 48	and that all etatements contain		
Check No By By	Alo shouses	Triede L B	resit	5/30/2019
By:	SE ONLY	Signature of Officer or Authorized	Representative	e Date
FOR SECRETARY OF STATE U	SE UNLI	EMELOA R. (	DENITEZ	•
Form No. 631		Print or Type Name of Officer or A	uthorized Repr	esentative

Revised: 04/2014