



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.

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

1. Entity ID No. 791680		2. Exact name of the Corporation Miss Rhode Island Belleza Latina			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To Promote, Motivate and Empower women by, among other things running pageants events and other events.			
5. Principal office address 985 Cranston Street			City Cranston	State RI	Zip 02920
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) (BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Virgen Rivera			Vice-President Name Savannah Colon		
Street Address 979 Cranston Street			Street Address 220 Macklin Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Samantha Pacheco			Treasurer Name Jamie Ramirez		
Street Address 981 Cranston Street			Street Address 44 Hollis Street		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02907
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (X) (BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Virgen Rivera			Director Name Savannah Colon		
Street Address 979 Cranston Street			Street Address 220 Macklin Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Jose Ariel Diaz			Director Name Samantha Pacheco		
Street Address 354 Admiral Street			Street Address 981 Cranston Street		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02920
8. REGISTERED 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, duly Authorized Representative, Receiver or Trustee

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

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.

Virgen Rivera 12/12/14
 Signature of Officer or Authorized Representative Date
 Virgen Rivera / President
 Print or Type Name of Officer or Authorized Representative

FILED

DEC 15 2014

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BY _____