



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.

FILED

DEC 10 2014

BY

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative