

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. Kiver 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.	2. Exact na	me of the Corporation					
791680	Miss Rh	Miss Rhode Island Belleza Latina					
731000		•					
3. State of Incorporation	<b>I</b>	4. Brief description of the character of business conducted in Rhode Island					
RI		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 <b>02920</b>		
6 LIST ALL OFFICERS (N	AMES AND ADDI	RESSES) ("X" BOX F	DRYATTACHMENTS		in Section 1997		
President Name			Vice-President Name				
Virgen Rivera			Savannah Colon				
Street Address			Street Address	Street Address			
979 Cranston Street			220 Macklin Street				
City	State	Zip	City	State	Zip		
Cranston	RI	02920	Cranston	RI	02920		
Secretary Name			Treasurer Name	Treasurer Name			
Samantha Pacheco			Jamie Ramirez				
Street Address			Street Address				
981 Cranston Street			44 Hollis Street				
City	State	Zip	City	State	Zip		
Cranston	RI	02920	Providence	RI	02907		
7. LIST ALL DIRECTORS (	NAMES AND ADI	RESSES), RHODE JS	LAND CORPORATIONS MUST	IST NO LESS THAN	THREE (3) DIRECTOR		
("X"BOX FOR ATTACH							
Director Name			Director Name				
Virgen Rivera			Savannah Colon				
Street Address			Street Address				
979 Cranston Street			220 Macklin Street				
City	State	Zip	City	State	Zip		
Cranston	RI	02920	Cranston	RI	02920		
irector Name			Director Name				
Jose Ariel Diaz			Samantha Pacheco				
Street Address			Street Address				
354 Admiral Street	0		981 Cranston Street	Tour	T		
City <b>Providence</b>	State RI	Zip	City	State	Zip		
	1	02908	Cranston	RI	02920		
BUREGISTERED AGENT IN							
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This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

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Form No. 631 Revised: 04/2014 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.

FHED

Signature of Officer of Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative