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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 2015

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 name of the Corporation
552795	Latino Contractor Association inc
3. State of Incorporation: R.I	4. Brief description of the character of business conducted in Rhode Island: To work for advariment and better the Latino and minority construction worker

5. Principal office address	City	State	Zip

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Edward SANTOS	807 Broad S.T suite 318	Providence	R.I	02907

Vice-President Name	Street Address	City	State	Zip
Wilton Ribeiro	807 Broad S.T suite 318	Providence	R.I	02907

Secretary Name	Street Address	City	State	Zip
Clemente Carter	807 Broad S.T suite 318	Provi.	R.I	02907

Treasurer Name	Street Address	City	State	Zip
Williams Cumplido	807 Broad ST	Providence	RI	02907

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
David Sanchez	807 Broad ST suite 318	Prov. R.I		02907

Director Name	Street Address	City	State	Zip
Wilton Ribeiro	807 Broad S.T	Providence	R.I	02907

Director Name	Street Address	City	State	Zip
Darrel Lee	807 Broad S.T	Prov.	R.I	02907

Director Name	Street Address	City	State	Zip

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

RECEIVED
2015 AUG 18 AM 11:28
SECRETARY OF STATE
CORPORATIONS DIV.

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By

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AUG 18 2015
By AOC 11:51am
254818

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.

Edward Santos 8/18/15
Signature of Officer or Authorized Representative Date

Edward SANTOS
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
123992-1-1056891