



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. <b>791680</b>		2. Exact name of the Corporation <b>Miss Rhode Island Belleza Latina</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To Promote, Motivate and Empower women by, Among other things running pageants events.</b>			
5. Principal office address <b>985 Cranston Street</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Virgen Nieves</b>			Vice-President Name <b>Savannah Colon</b>		
Street Address <b>39 Taft St</b>			Street Address <b>12 Harrison St</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Samantha Pacheco</b>			Treasurer Name <b>Jamie Ramirez</b>		
Street Address <b>2 Smithfield Rd apt 1</b>			Street Address <b>44 Hollis St</b>		
City <b>N. Prov</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Virgen Nieves</b>			Director Name <b>Samantha Pacheco</b>		
Street Address <b>39 Taft St</b>			Street Address <b>2 Smithfield Rd apt 1</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>N. Prov</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>Savannah Colon</b>			Director Name		
Street Address <b>12 Harrison St</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip

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 CORPORATION DIV  
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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.

**9:25 AM**  
**FILED**  
**FEB 12 2016**  
 By 267477  
Virgen Nieves 2/12/16  
 Signature of Officer or Authorized Representative Date  
Virgen Nieves  
 Print or Type Name of Officer or Authorized Representative

By 267477  
ICM