



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. 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.			
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 type="checkbox"/>					
President Name Virgen Nieves			Vice-President Name Savannah Colon		
Street Address 39 Taft St.			Street Address 12 Harrison St		
City Cranston	State RI	Zip 02905	City Johnston	State RI	Zip 02919
Secretary Name Samantha Pacheco			Treasurer Name Jamie Ramirez		
Street Address 2 Smithfield Rd apt 1			Street Address 44 Hollis St		
City N. Prov	State RI	Zip 02904	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 type="checkbox"/>					
Director Name Virgen Nieves			Director Name Samantha Pacheco		
Street Address 39 Taft St			Street Address 2 Smithfield Rd apt 1		
City Cranston	State RI	Zip 02905	City N. Prov	State RI	Zip 02904
Director Name Savannah Colon			Director Name		
Street Address 12 Harrison St			Street Address		
City Johnston	State RI	Zip 02919	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

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 Nieves 2/12/16
Signature of Officer or Authorized Representative Date

Virgen Nieves
Print or Type Name of Officer or Authorized Representative

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