



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN -7 AM 9:35

Non-Profit Corporation Annual Report for the year: 2014

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
799594		The Dominican Independence and Heritage Award Committee of RI			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		To raise the positive image of the Dominican Community			
5. Principal Office Address			City	State	Zip
435 Scituate Ave. Apt 1B			Cranston	RI	02921
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Ana Arelys Cruz Cabrera			Vice-President Name Franklin Solano		
Street Address 435 Scituate Ave. Apt 1B			Street Address 544 Hunt Street		
City Cranston	State RI	Zip 02921	City Central Fall	State RI	Zip 02863
Secretary Name Grace Diaz			Treasurer Name Isidro Deleon		
Street Address 45 Adelaida Ave.			Street Address 11 Meadow Avenue		
City Providence	State RI	Zip 02907	City Johnston	State RI	Zip 02919
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Everin Perez			Director Name Octavio Gomez		
Street Address 27 Stanford Avenue			Street Address 67 Belmont Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02908
Director Name Digna Mery Alcantara			Director Name Hugo Adames		
Street Address 8 Baldwin CT			Street Address 230 Calla Street		
City Providence	State RI	Zip 02921	City Providence	State RI	Zip 02905
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
Ana Arelys Cruz Cabrera				4/22/16	
Signature of Officer/Authorized Representative				6/6/16	

FILED

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