RI SOS Filing Number: 201611872680 Date: 11/09/2016 4:00 PM

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

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation		
114121	PROVIDENCE LATIN AMERICAN FILM FESTIVAL		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RHODE ISLAND	TO PRODUCE AN ANNUAL FESTIVAL OF LATIN AMERICAN MEDIA AND TO PROMOTE LATIN AMERICAN CULTURE THROUGH A VARIETY OF CULTURAL AND EDUCATIONAL ACTIVITIES.		
5. Principal Office Address		State	Zip
PO BOX 6023	PROVIDENCE	RI	02940

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ANALIA ALCOLEA	NONE
Street Address: 100 KNIGHT ST. #2	Street Address:
City: PROVIDENCE State: RI Zip: 02909	City: State: Zip:
Secretary Name: PATRICIA GOMEZ	Treasurer Name: RON CROSSON
Street Address: 15 HIGGINS STREET #404	Street Address: 191 DUDLEY ST
City: SMITHFIELD State: RI Zip: 02917	City: PROVIDENCE State: RI Zip: 02905

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☒

Director Name	Director Name
SAUL RAMOS	JOSE RAMIREZ
Street Address: 21 MERRICK ST	Street Address: 3 OFFER STREET FL3
City: WORCESTER State: RI Zip: 01609	City: PROVIDENCE State: RI Zip: 02904
Director Name: BARBARALEE BELMONTE	Director Name: CARMEN ANDRISANI SONGWE
Street Address: 110 EDGEWOOD BLVD	Street Address: 1 CHESTNUT STREET, APT 101
City: CRANSTON State: RI Zip: 02905	City: PROVIDENCE State: RI Zip: 02903

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: [signature]
Date: 11/7/2016
Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

FILED
NOV 09 2016
BY 288064
KM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
144765-1-1150735

FORM 631 - Revised: 05/2016

2016 ANNUAL REPORT ATTACHMENT
114121

PROVIDENCE LATIN AMERICAN FILM FESTIVAL

DIRECTOR

MARITZA MARTELL
119 DEPASQUALE AVE
PROVIDENCE, RI 02903