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

Annual Report for the year: 2017
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.

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 JUN 16 PM 12:37

1. Entity ID Number	2. Exact name of the Corporation
131444	DEVELOPING & EMPOWERING LATINOS IN AMERICA
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO PROVIDE INFORMATION, EDUCATION AND SUPORT SERVICES TO LATINOS AND IMMIGRANTS, TO EASE THEIR TRANSITION INTO AMERICA SOCIETY AND SERVE AS A RESOURCE TO THE COMMUNITY AT LARGE.
4. NAICS Code: 813319 - Other Social Advoc	

6. Principal Office Address	City	State	Zip
433 BROADWAY	PROVIDENCE	RI	02909

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

President Name: DELIA RODRIGUEZ-MASJOAN			Vice-President Name: MARIA RODRIGUEZ		
Street Address: 25 DEVEREAUX STREET , RI			Street Address: 35 JUSTIN WAY		
City: PROVIDENCE	State: RI	Zip: 02909	City: CRANSTON	State: RI	Zip: 02910
Secretary Name: JELISSA M CASTRO			Treasurer Name		
Street Address: 35 BARTLETT AVE			Street Address		
City: CRANSTON	State: RI	Zip: 02905	City	State	Zip

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

Director Name: DELIA RODRIGUEZ-MASJOAN			Director Name: MARIA RODRIGUEZ		
Street Address: 25 DEVEREAUX STREET , RI			Street Address: 35 JUSTIN WAY		
City: PROVIDENCE	State: RI	Zip: 02909	City: CRANSTON	State: RI	Zip: 02910
Director Name: JELISSA M CASTRO			Director Name		
Street Address: 35 BARTLETT AVE			Street Address		
City: CRANSTON	State: RI	Zip: 02905	City	State	Zip

9. 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	Date
Delia Rodriguez-Masjoan	06/15/2017
Signature of Officer/Authorized Representative	

FILED
12:40 JUN 16 2017
BY 306170

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

FORM 631 - Revised: 05/2017