



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.

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1. Entity ID Number 131444		2. Exact name of the Corporation 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 433 BROADWAY			City PROVIDENCE	State RI	Zip 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.					
<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 <i>Delia Rodriguez Masjoan</i>					Date 06/15/2017
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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

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BY *[Signature]* 306170