



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.

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 BUS SVCS DIV

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|---|----------------------|---|-------------------------|
| 1. Entity ID Number 516687 | | 2. Exact name of the Corporation Rhode Island Adventures (R.I.A) | |
| 3. State of Incorporation R.I. | | 5. Brief description of the character of business conducted in Rhode Island To organize cultural activities | |
| 4. NAICS Code 813990 | | | |
| 6. Principal Office Address 498 Union Ave. | | City Provi. | State R.I. |
| | | Zip 02909 | |
| 7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Hipolito Reyes | | Vice-President Name Clara Ramirez | |
| Street Address 498 Union Ave. | | Street Address 1811 Warwick Av. Apt. 14 west | |
| City Provi. | State R.I. | City Warwick | State R.I. |
| Zip 02909 | | Zip 02889 | |
| Secretary Name Ruth Mercedes | | Treasurer Name Carolina Briones | |
| Street Address 498 Union Ave. | | Street Address 18 Birch St | |
| City Provi. | State R.I. | City Provi. | State R.I. |
| Zip 02909 | | Zip 02910 | |
| 8. 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 Bibiana Roggero | | Director Name Maria Arroyave | |
| Street Address 65 White Ave. | | Street Address 3977 Post Rd. | |
| City Warwick | State R.I. | City Warwick | State R.I. |
| Zip 02889 | | Zip 02886 | |
| Director Name José Ramirez | | Director Name Noemi Tiburcio | |
| Street Address 1811 Warwick Av. Apt. 14 west | | Street Address 79 Ardent St. | |
| City Warwick | State R.I. | City Provi. | State R.I. |
| Zip 02889 | | Zip 02908 | |
| 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 Hipolito Reyes | | | Date 06/21/17 |
| Signature of Officer/Authorized Representative <i>[Handwritten 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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