



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

Annual Report for the year:
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 000153031 | | 2. Exact name of the Corporation Puerto Rican Cultural Festival + Parade of Rhode Island | |
| 3. State of Incorporation R.I. | | 5. Brief description of the character of business conducted in Rhode Island To celebrate and promote educational awareness of the Puerto Rican culture, also charitable purposes including relief of the poor. | |
| 4. NAICS Code 813410 | | | |
| 6. Principal Office Address 25 Fairfield St. | | City Providence | State R.I. |
| | | Zip 02909 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Carmen Bucholz | | Vice-President Name Lydia Santiago | |
| Street Address 25 Fairfield St. | | Street Address 993 Manton Ave. - Apt. 306 | |
| City Providence | State R.I. | City Providence | State R.I. |
| Zip 02909 | | Zip 02909 | |
| Secretary Name Sally Safary | | Treasurer Name Sally Safary | |
| Street Address 993 Manton Ave. - Apt. 504 | | Street Address 993 Manton Ave. - Apt. 504 | |
| City Providence | State R.I. | City Providence | State R.I. |
| Zip 02909 | | Zip 02909 | |
| 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 Carmen Bucholz - Pres | | Director Name Sally Safary - Tres. - Sec. | |
| Street Address 25 Fairfield St. | | Street Address 993 Manton Ave. - Apt. 504 | |
| City Prov., | State R.I. | City Prov., | State R.I. |
| Zip 02909 | | Zip 02909 | |
| Director Name Lydia Santiago - V. Pres | | Director Name | |
| Street Address 993 Manton Ave. Apt. 306 | | Street Address | |
| City Prov., | State R.I. | City | State |
| Zip 02909 | | 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. | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small> | | | |
| Name of Officer/Authorized Representative Carmen Bucholz - Pres. | | | Date 10-12-17 |
| Signature of Officer/Authorized Representative Lydia Santiago - V. Pres. | | | SIGN DOCUMENT HERE FILED C |



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

October 12, 2017 04:01 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

