



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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R.I. DEPT. OF STATE
BUS SVCS DIV

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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

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BY

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