RI SOS Filing Number: 201857131020 Date: 1/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
123738	ZULUAGA FINANCIAL SERVICES, INC.		
3. Principal Office Address: 791 DEXTER STREET	City: CENTRAL FALLS	State: RI	Zip: 02863
4. NAICS Code: 52 - Finance and Insurance	6. Brief description of the character of business conducted in Rhode Island: RENDERING INSURANCE, FINANCE AND RELATED SERVICES		
5. State of Incorporation: RHODE ISLAND	522220		

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

President Name: JAIME A. ZULUAGA			Vice-President Name: JAIME A. ZULUAGA		
Street Address: 791 DEXTER ST.			Street Address: 791 DEXTER ST.		
City: CENTRAL FALLS	State: RI	Zip: 02863	City: CENTRAL FALLS	State: RI	Zip: 02863
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — **This information is currently of record in the Department of State.** **Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	NONE

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
JAIME A. ZULUAGA	01/23/2018

Signature of Authorized Representative

FILED

JAN 29 2018

BY

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 630 - Revised: 10/2017