



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 123738		2. Exact name of the Corporation 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 Check the box to indicate an attachment ☐					
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 JAIME A. ZULUAGA					Date 01/23/2018
Signature of Authorized Representative 					

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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JAN 29 2018
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