



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Mattheu A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 •

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 125204		2. Name of Corporation RHODE ISLAND LATINO CIVIC FUND			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address P.O. BOX 023028		City PROVIDENCE	Zip 02903
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROMOTE THE PARTICIPATION OF THE LATINO COMMUNITY IN THE CIVIC LIFE AND DEMOCRATIC PROCESSES OF RHODE ISLAND					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DOHINGO MOREL			Vice President Name SABINA MATOS		
Street Address 104 CANTON ST			Street Address 35 FLORENCE ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02909
Secretary Name LANHIS VARGAS			Treasurer Name SYLVIA M. BERNAL		
Street Address 37 CATO ST			Street Address 26 VERNON ST		
City PAW TUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name NICK FIGUEROA			Director Name CHRISTIAN VARGAS		
Street Address 16 DURHAM			Street Address 37 CATO ST		
City PROVIDENCE	State RI	Zip 02908	City PAW TUCKET	State RI	Zip 02860
Director Name ANA C. ROSADO			Director Name JUAN RICHARDO		
Street Address 546 ANGEL ST APT B-2			Street Address 229 ATLANTIC ST		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02907
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City		Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer Sylvia M. Bernal Date 4/27/06

Print or Type Name of Officer SYLVIA M. BERNAL

Title of Officer TREASURER

FILED	
File Date	MAY 24 2006
Check No.	By <u>11025</u>
By:	<u>GDM</u>
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125204		2. Name of Corporation Rhode Island Latino Civic Fund			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address P.O. Box 23028 61 Tappan Street		City PROVIDENCE	Zip 02908
5. Foreign corporation. Enter principal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROMOTE THE PARTICIPATION OF THE LATINO COMMUNITY IN THE CIVIC LIFE AND DEMOCRATIC PROCESSES OF RHODE ISLAND					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name TOMAS AVILA			Vice President Name DOMINGO MOREL		
Street Address 61 TAPPAN ST			Street Address 79 IVAN ST APT. 27		
City PROVIDENCE	State RI	Zip 02908	City NORTH PROV.	State RI	Zip 02904
Secretary Name KATHERINE HELLWIG			Treasurer Name SYLVIA BERNAL		
Street Address 77 SEAMANS ST.			Street Address 26 VERNON ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Tony Affigne			Director Name ALBERTO CARDONA		
Street Address			Street Address 99 ROBIN HOLLOW DRIVE		
City PROVIDENCE	State RI	Zip	City W. GREENWICH	State RI	Zip 02817
Director Name SABINA MATOS			Director Name CARMEN MIRABAL		
Street Address 33 FLORENCE ST.			Street Address 35 RAND ST		
City PROVIDENCE	State RI	Zip 02909	City CENTRAL FALLS	State RI	Zip 02863
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name NELLIE M. GORDEA TOMAS A. AVILA			Address		
Address 400 MOOSEHORN ROAD 61 TAPPAN ST.			City PROVIDENCE EAST GREENWICH	Zip 02908 02816	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 5 2 0 4 *

File Date	10.25.04
Check No.	1062
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer
SYLVIA H. BERNAL
Print or Type Name of Officer
TREASURER
Date
7/19/04
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125204		2. Name of Corporation Rhode Island Latino Civic Fund	
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address P.O. Box 023 023		City PROVIDENCE Zip 02903
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. TO PROMOTE THE PARTICIPATION OF THE LATINO COMMUNITY IN THE CIVIC LIFE AND DEMOCRATIC PROCESSES OF RHODE ISLAND			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name HELENA DE PEÑA		Vice President Name MERCEDES BERNAL	
Street Address 60 CUMERFORD ST		Street Address 27 CUMERFORD	
City PROVIDENCE	State RI	City PROVIDENCE	State RI Zip 02909
Secretary Name ANA CECILIA ROSADO		Treasurer Name SYLVIA M. BERNAL	
Street Address 546 ANGELL ST		Street Address 26 VERNON	
City PROVIDENCE	State RI	City PROVIDENCE	State RI Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name NELLIE M. GORBEA		Address	
Address 400 MOOSEHORN ROAD		City EAST GREENWICH	Zip 02818

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 5 2 0 4 *

File Date **RECEIVED**
Check No. **APR 02 2004**
By **BY**
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Sylvia M. Bernal** Date **3/26/04**
Print or Type Name of Officer **SYLVIA M. BERNAL**
Title of Officer **TREASURER**