

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street Providence, Rl 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.

to a penaity jee of 325.00.						
1. Comprate ID No.	2 Name of Conferences RHODE 1	SCAND LAT	TIND CIVIC F	FUND		
3 State of Incorporation PHONE ESTANN	the of Incorporation 4 Comparate address in Rhode Island - Street Address  OSE ISLAND 7.0. BOX. 023027			PROVIDEN	16 2402903	
5. Foreign corporation, Enter princ			City	State	Zup	
6 Brief Description of the character o	f the affairs which are ac	tually conducted in Rhoda by	E LATINO COM	1 WUN174 -	IN THE CIVIC	
CIFE AND.	DEN OCRATI	C PNOCESSE	is of 2400E	ISLAND =		
Provident Numer DOKINGO HOREL			Vice Prosident Native SABINA HATOS			
104 CANTON ST			STOP FLORENCE ST			
PROVIDENCE	State UF	2402508	PLOVIDENCE	State R.S	2402909	
Secretary Name LANHIS VARGAS			SYLVIA M. BERNAL			
Street Address ST			SIMPLE VERNON ST.			
PAWTUCKET	State ZF	02860	PROVIDENCE	State RS	24,02903	
8. NAMES AND ADDRESSES THE NUMBER OF DIRECTO	OF THE DIRECTOR	RS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BECORPORATION SHALL NOT B		ATTACHMENTS [HREE (3), R.I.G.L. 7-6-23	
Director Name NICK FIGUEIZO	^		CHRISTIAN	VARGA	s	
Sing Addrois 16 BUZHAM			Start Address 37 CATO 87			
PROVINENCE	State NJ	0290 }	PAWTUCKET	State	82360	
ANA C. ROSADO			Director Name JUAN PICHARD O			
546 ANGEL ST APT B-2			229 ATLANTIC 8T			
PROVIDENCE	State	02306	PHOVIDENCE	State PS	2907	
9. REGISTERED AGENT IN 1 Agent Nume	RHODE ISLAND - D	O NOT ALTER - Chang	des require filing of Form 64	í1 - R.I.G.L. 7-6	-13 / 7-6-78	
Address			Cuy	Zφ		
	*					

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

FILED
MAY 2 4 2006
Check No.
By \\25
Ву:
FOR SECRETARY OF STATE USE OF

Under penalty of perjury, I declare and affirm that	I have examined this
report, including any accompanying schedules and s	statements, and that all
statements contained herein are true and correct.	
Sulkouila	4/27/06

SWAR	in are true a	and correct.	4/27/06
Signature of Officer			Date
SYLVIA	μ.	BEIZNAL	_

Print or Type Name of Officer



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

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

## 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 BIACK)						
1. Corporate ID No	2. Name of Corporation					
125204	Rhode Island Latino Civic Fund					
3 State of Incorporation	1 Corporate address in R	hode Island - Street Address		City on 1 h o	Zip	
RHODE ISLAND	<del>                                   </del>	<del>-23028</del> 6	1 Tappan Street	PROVIDE	NC# 02908	
5 Foreign corporation. Enter prin	cipal office address		CHy	State	Zip 	
6. Brief Description of the character TO PROMOTE THE PARTIC	• •	•	oud IE CIVIC LIFE AND DEMOCRAT	TIC PROCESSES OF	RHODE ISLAND	
l a	7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name 70MAS AVILA			DOMINGO MOREL			
Since Address 61 TAPPAN 85			THE IVAN ST APT. 27			
City PROVIDENCE	State 124	02908	NORTH PROV.	SIAW PJ	<sup>244</sup> 02904	
KATHERINE HELLWIG			Trasumer Vanie SYL VIA BERNAL			
SIRVY Address 77 SEAHANS ST.			Since Additions 26 VERNON ST			
PROJIDENCE	State DF	02908	CUT PROVIDENCE	State RT	02903	
		•	HMENT) TILL IN SPACES BI			
1	ORS OF A DOMESTIC	C (RHODE ISIAND) C	ORPORATION <u>SHALL NOT B</u>	H <u>LESS THAN TH</u>	<u>REF. (3)</u> . R.J.G.L. 7-6-23	
Tony Affigne			ALBERTO CARDONA			
Street Address			99 ROBIN HOLLOW DRIVE			
PROVIDENCE	State RI	Zıp	W. GREENWICH	State RI	02817	
SABINA MATOS			CARMEN MIRABAL			
33 FLORENCE ST,			35 RAND ST			
PROVIDENCE	State RI	<sup>21</sup> 02909	CENTRAL FALLS	State	02863	
	RHODE ISLAND - DO	O NOT ALTER - Chang	es require filing of Form 64	11 · R.I.G.L. 7·6·13	/ 7-0-78	
Agent Name NELLIE M. GORDEA	MAS A.A	VILA	Address			
400 MOOSEHORN ROAD 61 TAPPAN ST.		CHYPROVIDENCE EAST GREENWICH		2408 <del>2010</del>		
This report must be signed in ink 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.

| 10. 25.04 | Supplements of Officer | Date

SYLVIA M. BERNAL

Print or Type Name of Officer

TREASURER

Title of Of



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division

AND PROVI	DENCE PLANTA	ΓIONS		100 North Main Street, 1	Providence, RI 02903-133. 401.222.3040	
Filing Period: June 1 - Ju	ne 30 • Filing Fo		REPORT FOR TH	E YEAR	2003	
FORM MUST BE TYPED OR PE L. Corporate ID No.	INTED IN BLACK) 2. Name of Corporation	<del></del>	<u></u>			
125204	Rhode Island Latino Ci					
3. State of Incorporation		Rhode Island - Street Addr	ress	City	Zip	
RHODE ISLAND	P.O. Box (	023028		PROVIDENCE	02903	
5. Foreign corporation. Enter prin	icipal office address		Ciry	State	Zip	
				<u> </u>		
6. Brief Description of the characte TO PROMOTE THE PARTIE	•	-	de Island. HE CIVIC LIFE AND DEMOCRAT	TIC PROCESSES OF R	HODE ISLAND	
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTAC	HMENT) TILL IN SPACES B	EFORE USING ATTA	CHMENTS	
President Name  HELBA D			Vice President Name HERCEDES	BERNAL		
	ERFORD	85	Street Address CNH ERPORD			
PROVIDENCE	State P.J	02909	PROVIDENCE	Siate P	62909	
Secretary Name ANA CECI	LIA B	OSADO	Treasurer Name SYLVIA M. BERNAL			
Street Address 546 ANGE	, <del></del>		Street Address VERNON		7	
PROVIDENCE	State	02906	PROVIDENCE	State RX	02903	
			CHMENT) THE SPACE CORPORATION SHALL NOT B			
Director Name			Director Name			
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address	<del></del>	<del></del>	
City	State	Zip	City	State	Zip	
Director Name	<u> </u>		Director Name		······································	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. REGISTERED AGENT IN I Agent Name	RHODE ISLAND - DO	NOT ALTER - Chang	es require filing of Form 641 -	R.I.G.L. 7:6-13 / 7-6-7	<del></del>	
. NELLIE M. GORBEA			City	Zip		
400 MOOSEHORN ROAD			EAST GREENWICH 02818-			
his report must be signed	in ink by either the	President, Vice Pres	Under penalty of perjury, 1 d this report, including any acc	eclare and affirm that I becompanying schedules a	nave examined and statements.	
File Date RECEIV	ED		3usu us	<u>\$</u>	126/04	
Check No. APR 0.2.2	004 CO D	,	Signature of Officer  SYLVIA H Print or Type Name of Officer	BERNAL	Date	
<b>DV</b> 11/1*	<u> </u>	I				

Form 631 Rev. 6/02