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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
2018 MAY -4 PM 3:47

Annual Report for the year: 2018
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.

1. Entity ID Number: 000512026	2. Exact name of the Corporation: Center for the Arts and Culture of the Americas / Centro de Arte y Cultura de las Americas
3. State of Incorporation: R I.	5. Brief description of the character of business conducted in Rhode Island: To preserve and promote the culture and folklore for all hispanic countries
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
64 Norfolk St.	Cranston	RI	02910

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

President Name: Lidia Delgado			Vice-President Name:		
Street Address: 64 Norfolk St.			Street Address:		
City: Cranston	State: RI	Zip: 02910	City:	State:	Zip:
Secretary Name: Graciela Acevedo			Treasurer Name: Patricia Castillo		
Street Address: 5 Garibaldi St. Apt. 34C			Street Address: 15 Carovilli ST.		
City: North Providence	State: RI	Zip: 02911	City: North Providence	State: RI	Zip: 02904

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Graciela Acevedo			Director Name: Lidia Delgado		
Street Address: 5 Garibaldi ST. Apt. 34C			Street Address: 64 Norfolk ST.		
City: North Providence	State: RI	Zip: 02911	City: Cranston	State: RI	Zip: 02910
Director Name: Patricia Castillo			Director Name:		
Street Address: 15 Carovilli ST.			Street Address:		
City: North Providence	State: RI.	Zip: 02904	City:	State:	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Lidia Delgado	05-04-2018

Signature of Officer/Authorized Representative: Lidia Delgado
SIGN DOCUMENT HERE

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BY 330047

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 631 - Revised: 06/2017