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

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CORPORATIONS DIV
2018 MAY 22 AM 10:48

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	2. Exact name of the Corporation
125204	RHODE ISLAND LATINO CIVIC FUND
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO PROMOTE CIVIC PARTICIPATION AND ENGAGEMENT WITHIN LATINO COMMUNITY
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
127 DORRANCE STREET, 4TH FLOOR	PROVIDENCE	RI	02903

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

President Name: JOSEPH [redacted]MOLINA FLYNN			Vice-President Name: MARCELA BETANCUR		
Street Address: 127 DORRANCE STREET, 4TH FLOOR			Street Address: 28 MAY STREET		
City: PROVIDENCE	State: RI	Zip: 02903	City: NORTH PROVIDENCE	State: RI	Zip: 02904
Secretary Name: Patricia Socarras			Treasurer Name: WESLEY RODAS		
Street Address: 144 Parkview Drive, Apt. 35			Street Address: 136 CHANDLER AVE		
City: Pawtucket	State: RI	Zip: 02861	City: PAWTUCKET	State: RI	Zip: 02860

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

Director Name: Sol Taubin			Director Name: LUANNE SANTELISES		
Street Address: 29 WINFIELD ROAD			Street Address: 222 RESERVOIR AVENUE		
City: PROVIDENCE	State: RI	Zip: 02906	City: PROVIDENCE	State: RI	Zip: 02907
Director Name: DIANA PERDOMO			Director Name:		
Street Address: 1565 Main Road			Street Address:		
City: TIVERTON	State: RI	Zip: 02878	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
JOSEPH [redacted]. MOLINA FLYNN FILED	5/22/18

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE MAY 22 2018

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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