



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

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2018

Non-Profit Corporation

2018 JUL -2 PM 3: 55

→ 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 001663493		2. Exact name of the Corporation RHODE ISLAND HISPANIC CHAMBER OF COMMERCE	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island THE RHODE ISLAND HISPANIC CHAMBER OF COMMERCE IS AN ORGANIZATION THAT REPRESENTS BUSINESSES, ENTREPRENEURS AND INSTITUTIONS COMMITTED TO THE ECONOMIC DEVELOPMENT AND SUCCESS OF THE HISPANIC BUSINESS COMMUNITY.	
4. NAICS Code 813910			
6. Principal Office Address 1985 WESTMINSTER ST, 2ND FL		City PROVIDENCE	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name OSCAR MEJIAS		Vice-President Name SANDRA CINO	
Street Address 11 ANDERTON AVE		Street Address 112 PUNNET ST	
City NORTH PROVIDENCE	State RI	City PAWUCKET	State RI
Zip 02904		Zip 02861	
Secretary Name MARIA CARRANZA		Treasurer Name DELA RODRIGUEZ MASSOAN	
Street Address 23 TREMONT ST		Street Address 993 HAWTON AVE	
City NORTH PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02904		Zip 02909	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name OSCAR ALEXIS MEJIAS		Director Name TOMAS AVILA	
Street Address 11 ANDERTON AVE		Street Address 196 OLD RIVER RD, APT 132	
City NORTH PROVIDENCE	State RI	City LINEOLN	State RI
Zip 02904		Zip 02865	
Director Name JESUS ROSAS		Director Name	
Street Address 225 FRANKLIN ST, Suite 2600		Street Address	
City BOSTON	State MA	City	State
Zip 02110		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 OSCAR ALEXIS MEJIAS		Date 07/02/18	
Signature of Officer/Authorized Representative <i>[Signature]</i>		FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUL 02 2018

BY *[Signature]*

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