



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV.

2019 APR 12 PM 2:11

**Annual Report for the year: 2019**  
**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 <b>114121</b>		2. Exact name of the Corporation <b>PROVIDENCE LATIN AMERICAN FILM FESTIVAL</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE AN ANNUAL FESTIVAL OF LATIN AMERICAN MEDIA AND TO PROMOTE LATIN AMERICAN CULTURE THROUGH A VARIETY OF CULTURAL AND EDUCATIONAL ACTIVITIES.</b>			
4. NAICS Code <b>512131</b>					
6. Principal Office Address <b>191 DUDLEY STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ANALIA ALCOLEA</b>			Vice-President Name <b>NONE</b>		
Street Address <b>100 KNIGHT ST #2</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name <b>PATRICIA GOMEZ</b>			Treasurer Name <b>HELEN MORALES</b>		
Street Address <b>15 HIGGINS STREET #404</b>			Street Address <b>12 ATTILA STREET</b>		
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02919</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>RON CROSSON, EXECUTIVE DIRECTOR</b>			Director Name <b>JOSE RAMIREZ</b>		
Street Address <b>191 DUDLEY STREET</b>			Street Address <b>70 WHIPPLE AVENUE, 2ND FLR</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>SAUL RAMOS</b>			Director Name <b>CARINA MONGE</b>		
Street Address <b>21 MERRICK STREET</b>			Street Address <b>52 RAVENSWOOD AVENUE</b>		
City <b>WORCESTER</b>	State <b>MA</b>	Zip <b>01609</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>RON CROSSON</b>					Date <b>APRIL 12, 2019</b>
Signature of Officer/Authorized Representative DOCUMENT HERE					

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

**FILED**

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 BY YVHCK  
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 RM 631 - Revised: 03/2019