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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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2019 APR 12 PM 2: 11

4.5.00.45.41	10.5	4					
1. Entity ID Number	2. Exact name of the Corporation						
114121	PROVIDENCE LATIN AMERICAN FILM FESTIVAL						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RHODE ISLAND	TO PROVIDE AN ANNUAL FESTIVAL OF LATIN AMERICAN MEDIA AND TO						
4. NAICS Code	PROMOTE LATIN AMERICAN CULTURE THROUGH A VARIETY OF CULTURAL						
512131 AND EDUCATIONAL ACTIVITIES.							
6. Principal Office Address			City	State	Zip		
191 DUDLEY STREET			PROVIDENCE	RI	02905		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name ANALIA ALCOLEA			Vice-President Name NONE				
Street Address 100 KNIGHT ST #2			Street Address				
City PROVIDENCE	State RI	^{Zip} 02909	Crty	State	Zip		
Secretary Name PATRICIA GOMEZ			Treasurer Name HELEN MORALES				
Street Address 15 HIGGINS STREET #404			Street Address 12 ATTILA STREET				
City SMITHFIELD	State RI	^{Zip} 02917	City PROVIDENCE	State RI	^{Zip} 02919		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name RON CROSSON, E	EXECUTIVE DIR	ECTOR	Director Name JOSE RAMIREZ				
Street Address 191 DUDLEY STREET			Street Address 70 WHIPPLE AVENUE, 2ND FLR				
City PROVIDENCE	State RI	^{Zip} 02905	City CRANSTON	State RI	^{Zip} 02920		
Director Name SAUL RAMOS			Director Name MARITZA MARTELL				
Street Address 21 MERRICK STREET			Street Address 119 DEPASQUALE AVE				
City WORCESTER	State MA	^{Zip} 01609	City PROVIDENCE	State RI	^{Zip} 02903		
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 Repres		Date					
RON CROSSON	H		APRIL 12, 20	19			
Signature of Officer/Authorized Representative SiGN 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

FORM 631 - Revised: 03/2019

ATTACHMENT

2018 ANNUAL REPORT

ID#114121

PROVIDENCE LATIN AMERICAN FILM FESTIVAL (Continued from list of ALL Directors)

Carina Monge 52 Ravenswood Ave Providence, RI 02908