



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.

RECEIVED
 DEPARTMENT OF STATE
 CORPORATION SECTION
 2019 APR 15 AM 11:20

1. Entity ID Number 911602		2. Exact name of the Corporation Rhode Island Latino Dollars for Scholars, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-profit scholarship giving organization with the purpose of fundraising and selecting recipients to receive scholarships.			
4. NAICS Code 813219 - Other Grantmaking		- Higher Education for All Latino Students			
6. Principal Office Address c/o 450 Warren Avenue		City East Providence	State RI	Zip 02915	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rosaura Fernandez			Vice-President Name Diana Capellan		
Street Address 206 Gentiana Avenue			Street Address 32 Parkside Drive		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02910
Secretary Name Deborah S. Gonzalez, Esq.			Treasurer Name Abraham Pinales		
Street Address 450 Warren Avenue			Street Address 136 Edgewood Blvd		
City East Providence	State RI	Zip 02914	City Providence	State RI	Zip 02905
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 Adalgiza Baez			Director Name Doris de los Santos		
Street Address 136 Edgewood Blvd.			Street Address 61 Dewey Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02909
Director Name Kenia Richards			Director Name Ana Barraza		
Street Address 54 Homer Street			Street Address 72 Anthony Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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.					
<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 Deborah S. Gonzalez, Esq.				Date 4/10/19	
Signature of Officer/Authorized Representative					

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

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 BY **SNQ9W**
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