



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

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 001681450		2. Exact name of the Corporation Comite Mexicano de Providence Rhode Island	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island CREATE EVENT FOR FUNDRAISING FOR THE PURPOSE OF CELEBRATING OF MEXICAN INDEPENDENCE DAY	
4. NAICS Code 813990			
6. Principal Office Address 21 HENRY ST APT 3R		City CENTRAL FALLS	State RI
		Zip 02863	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mario Soto		Vice-President Name JOSE F MONTAÑA	
Street Address 21 Henry St. Apt 3R		Street Address 24 Vale St	
City Central Falls	State RI	City Pawtucket	State RI
Zip 02863		Zip 02860	
Secretary Name Silvia Villaseñor		Treasurer Name	
Street Address 56 Andem St		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
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 MARIO SOTO		Director Name JOSE F MONTAÑA	
Street Address 21 HENRY ST APT 3R		Street Address 24 Vale St	
City CENTRAL FALLS	State RI	City Pawtucket	State RI
Zip 02863		Zip 02860	
Director Name Silvia Villaseñor		Director Name	
Street Address 56 Andem St		Street Address	
City Providence	State RI	City	State
Zip 02908		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 MARIO SOTO			Date 8-02-19
Signature of Officer/Authorized Representative 			

FILED
SIGN DOCUMENT HERE

AUG 02 2019

DFHSW

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov