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

SECRETARY OF STATE
CORPORATIONS DIV
2020 JAN -3 AM 9:39

Annual Report for the year: 2019 Amended.
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	2. Exact name of the Corporation
1132336	The Dominican-American Association INC
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: Enhance the educational opportunities to the RI youth through programs, including cultural + arts activities.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
100 Niagara Street	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Daniel Padilla	Bienvenido Garcia
Street Address: 45 ALGer Ave.	Street Address: 96 miller st
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02905
Secretary Name	**Treasurer Name**
maria Rosario	Hiram marquez
Street Address: 99 Rugby st apt E1	Street Address: 45 Simmons st
City: Providence State: RI Zip: 02905	City: Providence State: RI Zip: 02909

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Julito Hernandez	Minerva Rosario
Street Address: 28 Reynolds street	Street Address: 1248 Chalkstone ave
City: Providence State: RI Zip: 02905	City: Providence State: RI Zip: 02909
Director Name: Yinaldis M. Sanchez	Director Name
Street Address: 31 norwich st apt 2	Street Address
City: Providence State: RI Zip: 02905	City State 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: Daniel Padilla — Date: 1/2/20

Signature of Officer/Authorized Representative: Daniel Padilla

FILED
JAN 03 2020
9:39
BY

MAIL TO:
Division of Business Services
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