



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

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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.

1. Entity ID Number 53209		2. Exact name of the Corporation QUISQUEYA IN ACTION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To preserve the Dominican Culture, Arts and Language. To offer also opportunities for college access	
4. NAICS Code 053209			
6. Principal Office Address 25 POTTEN DRIVE		City PROVIDENCE	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MARILYN CEPEDA		Vice-President Name HUASCAR BEATO	
Street Address 25 POTTEN DRIVE		Street Address 1529 AILUP ST	
City PROV	State RI	City PROV	State RI
Zip 02907		Zip 02907	
Secretary Name JUVANNA GARCIA		Treasurer Name NANCY CEPEDA	
Street Address 99 MITCHELL ST.		Street Address 146 ADELAIDE AVE	
City PROV	State RI	City PROV	State RI
Zip 02907		Zip 02907	
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 MARILYN CEPEDA		Director Name CARMEN GUERO	
Street Address 25 POTTEN DRIVE		Street Address 810 BROAD ST	
City PROV	State RI	City PROV	State RI
Zip 02907		Zip 02907	
Director Name MILANY TAVANER		Director Name C	
Street Address 86 ZINNIA DR.		Street Address	
City CRANSTON	State RI	City	State
Zip 02920		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Marilyn Cepeda / Marilyn Cepeda / President			Date 6/23/20
Signature of Officer/Authorized Representative <i>Marilyn Cepeda</i>			

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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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