



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

**FILED**

**Annual Report for the year: 2020**  
**Corporation**

JUL 08 2020  
 BY *3350*

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000571427</b>		2. Exact name of the Corporation <b>LATINAMERICA DISTRIBUTORS 1 INC</b>			
3. Principal Office Address <b>1029 CHARLES STREET</b>			City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>423140</b>		6. Brief description of the character of business conducted in Rhode Island <b>WHOLE SALES DISTRIBUTORS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ABEL CARMONA</b>			Vice-President Name <b>LEANDRA CARMONA</b>		
Street Address <b>27 FRANKLIN STREET</b>			Street Address <b>27 FRANKLIN STREET</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>SERGIO TABARES</b>			Treasurer Name <b>CRISTIAN TABARES</b>		
Street Address <b>32 DENBER STREET</b>			Street Address <b>108 FOUNDRY STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1000</b>	<b>STK</b>	<b>0.0010</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative <b>ABEL CARMONA</b>				Date <b>06/20/2020</b>	
Signature of Authorized Representative <i>ABEL CARMONA</i>			SIGN DOCUMENT HERE		