



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.

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1. Entity ID Number <u>1097487</u>		2. Exact name of the Corporation <u>Centro de Innovacion Mujer Latina</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Serve as a resource to provide empowerment.</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>2597 Hartford Ave.</u>		City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</u>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Daniel West</u>		Vice-President Name <u>Darwin Castro</u>	
Street Address <u>89 Stansbury St.</u>		Street Address <u>161 Harold St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
Secretary Name <u>Odethe Guerra</u>		Treasurer Name <u>Eduardo Mendez</u>	
Street Address <u>239 Sterling St.</u>		Street Address <u>87 Ralph St.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Eulogia A. Colop</u>		Director Name <u>Marvin De Paz</u>	
Street Address <u>87 Ralph St.</u>		Street Address <u>89 Stansbury St.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
Director Name <u>Julio Rodriguez</u>		Director Name	
Street Address <u>944 Atwells Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State <u>RI</u> Zip <u>02909</u>
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 <u>Evylegna Rodriguez</u>		Date <u>06/15/2020</u>	
Signature of Officer/Authorized Representative <u>Evylegna Rodriguez</u>			

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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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FORM 631 - Revised: 06/2019