



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

Annual Report for the year:  
Non-Profit Corporation

2018

→ 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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DEPT. OF BUS. SERVICES  
2020 JUL 16 AM 11:21

1. Entity ID Number 1097487		2. Exact name of the Corporation Centro de Innovación Mujer Latina	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Serve as a resource to provide empowerment.	
4. NAICS Code 813319			
6. Principal Office Address 2597 Hartford Ave		City Johnston	State RI Zip 02919
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Daniel West		Vice-President Name Darwin Castro	
Street Address 89 Stansbury St.		Street Address 161 Harold St	
City Providence	State RI Zip 02908	City Providence	State RI Zip 02909
Secretary Name Odette Guerra		Treasurer Name Manuel Mendez	
Street Address 239 Sterling St.		Street Address 87 Ralph St.	
City Providence	State RI Zip 02909	City Providence	State RI Zip 02909
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Eulogio A. Castro		Director Name Marian De Pae	
Street Address 89 Stansbury St		Street Address 89 Stansbury St.	
City Providence	State RI Zip 02908	City Providence	State RI Zip 02908
Director Name Julio Rodriguez		Director Name	
Street Address 944 Atwells Ave		Street Address	
City Providence	State RI Zip 02909	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 Eulogio Rodriguez		Date 07/10/2020	
Signature of Officer/Authorized Representative <i>Eulogio Rodriguez</i>		FILED <i>AM</i>	
		JUL 16 2020	
		BY <i>CM V8WJC</i>	
		11.23	

MAIL TO:

Division of Business Services

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