RI SOS Filing Number: 202195134980 Date: 3/30/2021 1:48:00 PM

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

Annual Report for the year: ~~2019~~ (2) 2020
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	2. Exact name of the Corporation
000506780	Ft Lukumi
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Organizing youth through the active Preservation and education of traditional Afro-Caribbean Culture and arts
4. NAICS Code: 813111	

6. Principal Office Address	City	State	Zip
12 Dorr St	Providence	RI	02906

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

President Name: Javier Montanez	Vice-President Name: Veronica Montanez
Street Address: 12 Dorr St	Street Address: 12 Dorr St
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Secretary Name:	Treasurer Name: Jhonny Duré
Street Address:	Street Address: 12 Dorr St
City: State: Zip:	City: Providence State: RI Zip: 02906

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

Director Name: Javier Montanez	Director Name: Veronica Montanez
Street Address: 12 Dorr St	Street Address: 12 Dorr St
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Director Name: Jhonny Duré	Director Name:
Street Address: 12 Dorr St	Street Address:
City: Providence State: RI Zip: 02906	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	Date
Javier Montanez	(2) 3/30/21

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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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: 11/2017