State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2017
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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BUS SVCS DIV
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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: Youth & Community organizing & education via cultural arts.
4. NAICS Code: 813111	

6. Principal Office Address	City	State	Zip
12 Dorr St	Providence	RI	02908

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

President Name	Vice-President Name
Javier Montanez	Veronica Montanez
Street Address: 12 Dorr St	Street Address: 12 Dorr St
City: Providence, State: RI, Zip: 02908	City: Providence, State: RI, Zip: 02908
Secretary Name	Treasurer Name: Johnny Dupe
Street Address	Street Address: 12 Dorr St
City, State, Zip	City: Prov., State: RI, Zip: 02908

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

Director Name	Director Name
Javier Montanez	Veronica Montanez
Street Address: 12 Dorr St	Street Address: 12 Dorr St
City: Providence, State: RI, Zip: 02908	City: Providence, State: RI, Zip: 02908
Director Name	Director Name: Johnny Dupe
Street Address	Street Address: 12 Dorr St
City, State, Zip	City: Providence, State: RI, Zip: 02908

9. The Registered Agent information of record with the RI Department of State is accurate. 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	3/30/21

Signature of Officer/Authorized Representative: Javier Montanez

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAR 30 2021
BY MC165
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FORM 631 - Revised: 08/2020