



RI SOS Filing Number: 202197788460 Date: 6/3/2021 3:52:00 PM

State of Rhode Island

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 JUN -1 PM 3:08Annual Report for the year: **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.

1. Entity ID Number 001695927		2. Exact name of the Corporation Partido Verde Dominicano (PVD)			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island organized to promote democratic principles and political awareness under the party green agenda, striving for social economic changes to save our planet natural resources.			
4. NAICS Code 813940 - Political Organization ☐					
6. Principal Office Address 1 Cadillac Dr. Apt 618		City Providence		State RI	Zip 02907
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name Enmanuel Polanco			Vice-President Name Wilfin Toribio		
Street Address 807 Broad Street Suite 326			Street Address 807 Broad Street Suite 326		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Delania Hernandez			Treasurer Name Wilfin Toribio		
Street Address 807 Broad Street Suite 326			Street Address 807 Broad Street Suite 326		
City Providence	State RI	Zip 02907	City Providence	State	Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Enmanuel Polanco			Director Name Wilfin Toribio		
Street Address 807 Broad Street Suite 326			Street Address 807 Broad Street Suite 326		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Delania Hernandez			Director Name		
Street Address 807 Broad Street Suite 326			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
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 Luis D. Martinez				Date 05/28/2021	
Signature of Officer/Authorized Representative 				FILED	

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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BUS. SVCS. DIV.
JUN 03 2021BY **AXEG-7**
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FORM 631 - Revised: 08/2020