State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN -1 PM 3:08

Annual 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	2. Exact name of the Corporation
001695927	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 awarenes under the party green agenda, striving for social economic changes to save our planet natural resources.
4. NAICS Code: 813940 - Political Organizatio	

6. Principal Office Address	City	State	Zip
1 Cadillac Dr. Apt 618	Providence	RI	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	Date
Luis D. Martinez	05/28/2021

Signature of Officer/Authorized Representative: Luis D. Martinez

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BY AXEG7
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020