



State of Rhode Island
Department of State - Business Services Division

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R.I.-DEPT. OF STATE
BUS-SVCS DIV

Annual Report for the year: 2021
Non-Profit Corporation

2021 JUL -8 A 8 38

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entry ID Number 000543553		2. Exact name of the Corporation BLACK AND LATINO CAUCUS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO SERVE AS A STRONG UNITED AND EFFECTIVE CHARITABLE ADVOCATE FOR MULTICULTURAL RHODE ISLANDERS.	
4. NAICS Code 624140			
6. Principal Office Address 174 GLADSTONE STREET		City CRANSTON	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JUANA NEGRON		Vice-President Name ROBERTA BARROS	
Street Address 174 GLADSTONE STREET		Street Address 2 OLMSTEAD WAY, APT. 206	
City CRANSTON	State RI	City PROVIDENCE	State RI
Zip 02920		Zip 02904	
Secretary Name JAMEELA DUNSTON		Treasurer Name	
Street Address 141 VERNDALE AVENUE		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02905		Zip	
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JAMEELA DUNSTON		Director Name JUANA NEGRON	
Street Address 141 VERNDALE AVENUE		Street Address 174 GLADSTONE STREET	
City PROVIDENCE	State RI	City CRANSTON	State RI
Zip 02905		Zip 02920	
Director Name ROBERTA BARROS		Director Name	
Street Address 2 OLMSTEAD WAY, APT. 206		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02904		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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.</i>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <i>Juana Negrón</i>		Date 11-23-20	
Signature of Officer/Authorized Representative			

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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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