



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2021**
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 000950841		2. Exact name of the Corporation The Rhode Island Hispanic Bar Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Help support aspiring Latinos become attorneys and support existing Latino attorneys in Rhode Island.			
4. NAICS Code 813920 - Professional Organiz					
6. Principal Office Address 407 Warwick Avenue 123 DYER ST.		City Cranston Providence	State RI RI	Zip 02903 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Diony Garcia			Vice-President Name Joseph Molina Flynn		
Street Address 123 Dyer Street, 2nd Floor			Street Address 127 Dorrance Street, 4th Floor		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Santiago Posas			Treasurer Name Crystal Peralta		
Street Address 123 Dyer Street, 2nd Floor			Street Address 1 Citizens Plaza, 8th Floor		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Diony Garcia			Director Name Joseph Molina Flynn		
Street Address 23 Dyer Street, 2nd Floor			Street Address 127 Dorrance Street, 4th Floor		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Santiago Posas			Director Name Sarah Oster		
Street Address 123 Dyer Street, 2nd Floor			Street Address 1 Citizens Plaza, Suite 1100		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Diony Garcia				Date 12/9/2021	
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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