



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV

| | | | |
|---|--------------|--|--------------|
| 1. Entity ID Number 001660595 | | 2. Exact name of the Corporation Tradicion folclorica de Central falls. | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Present Folkloric dances from our Country Colombia in the colombian festival. | |
| 4. NAICS Code 71120 | | | |
| 6. Principal Office Address 30 Galego Court | | City Pawtucket | State RI |
| | | Zip 02860 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name America M. Uran | | Vice-President Name never appointed | |
| Street Address 30 Galego Court | | Street Address | |
| City Pawtucket | State RI | City | State |
| | Zip 02860 | | Zip |
| Secretary Name never appointed | | Treasurer Name none | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | 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 America M. Uran | | Director Name Johanna Flores. | |
| Street Address 30 Galego Court | | Street Address 68 Cleveland St | |
| City Pawtucket | State RI | City Central falls | State RI |
| | Zip 02860 | | Zip 02863 |
| Director Name Christina I. Muñoz | | Director Name | |
| Street Address 570 Hunt Street | | Street Address | |
| City Central falls | State RI | City | State |
| | Zip 02863 | | 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> | | | |
| <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 America M. Uran | | Date 03/06/2023 | |
| Signature of Officer/Authorized Representative <i>America Uran</i> | | FILED MAR 06 2023 | |

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

BY: ML 5/3MC