



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2019

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
 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 711120			
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.			
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 America M. Uran		Date 03/06/2023	
Signature of Officer/Authorized Representative <i>America Uran</i>		FILED MAR 06 2023	