



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2023 APR 10 P 2: 21

1. Entity ID Number 000099748		2. Exact name of the Corporation The Colombian American Cultural Society Inc	
3. State of Incorporation 813319		5. Brief description of the character of business conducted in Rhode Island TO Promote & preserve the unique culture Heritage of Colombian Americans for the benefit of descendants of immigrants from Colombia and the American Public	
4. NAICS Code Rhode Island			
6. Principal Office Address PO Box 117 Central Falls		City C. Falls	State RI
		Zip 02863	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MABEL GUTIERREZ		Vice-President Name GABRIEL MARTINEZ	
Street Address 30 WEBSTER STREET		Street Address 142 OAKLAND AVE	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02861	
Secretary Name PADIA ENCISO		Treasurer Name MONICA RAMIREZ	
Street Address 222 KENYON AVE		Street Address 68 BENNET STREET	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02861		Zip 02860	
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 IVAN GUTIERREZ		Director Name JACKLYN PARRA	
Street Address 30 WEBSTER STREET		Street Address 72 VIOLEDAME STREET	
City PAWTUCKET	State RI	City CENTRAL FALLS	State RI
Zip 02860		Zip 02863	
Director Name STELLA CANENA STREET		Director Name NYMA GUTIERREZ	
Street Address 163 GARWOOD		Street Address 30 WEBSTER STREET	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
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.			
<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 GABRIEL MARTINEZ		Date 04-12-2023	M3 FILED 221
Signature of Officer/Authorized Representative 		APR 10 2023	

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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