



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

1. Entity ID Number 000911102		2. Exact name of the Corporation Rhode Island Latino Dollars for Scholars, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To expand access to higher education for all Latino students in the state of Rhode Island and related activities.	
4. NAICS Code 813219			
6. Principal Office Address 206 Frontian Ave		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rosaura Fernandez		Vice-President Name Diana Capellan	
Street Address 206 Frontian Ave.		Street Address 32 Parkside Drive	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02910	
Secretary Name Glendaliz Torres		Treasurer Name Abraham Pinales	
Street Address PO Box 27633		Street Address 136 Edgewood Blvd.	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02905	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Rosaura Fernandez		Director Name Glendaliz Torres	
Street Address 206 Frontian Ave.		Street Address PO Box 27633	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02907	
Director Name Diana Capellan		Director Name Abraham Pinales	
Street Address 32 Parkside Drive		Street Address 136 Edgewood Blvd.	
City Providence	State RI	City Providence	State RI
Zip 02910		Zip 02905	
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 Glendaliz Torres			Date 06/05/2023
Signature of Officer/Authorized Representative 			

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

FILED

JUN 06 2023
 1:42 BY ML NTCNT

Entity ID Number: 000911602

Title	Director Name	Street Address	City	State	Zip Code
Director	Kenia Richards	54 Homer Street	Providence	RI	02905
Director	Michelle Arias	291 Benefit Street	Pawtucket	RI	02861
Director	Celanda Montilla	100 Rutherglen Ave	Providence	RI	02907
Director	Doris De Los Santos	61 Dewey Street	Providence	RI	02909
Director	Glendaliz Torres	PO Box 27633	Providence	RI	02907
Director	Abraham Pinales	136 Edgewood Blvd.	Providence	RI	02905
Director	Rosaura Fernandez	206 Gentian Ave	Providence	RI	02908
Director	Diana Capellan	32 Parkside Drive	Providence	RI	02910