



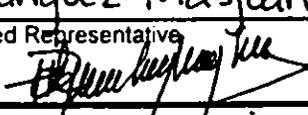
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT -4 P 2: 53

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

1. Entity ID Number 1716465		2. Exact name of the Corporation ECO ARTS USA			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Our mission is to support, coordinate and lead arts, cultural and educational exchange programs between artists from the United States and artists from Latin America.			
4. NAICS Code 813319					
6. Principal Office Address 425 BROADWAY			City PROVIDENCE	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Delia Rodriguez-Masjoan			Vice-President Name Pablo Rodriguez-Masjoan		
Street Address 104 Tell St Apt 1			Street Address 559 Newport Av.		
City Providence	State RI	Zip 02909	City Pawtucket	State RI	Zip 02860
Secretary Name Donald W. King			Treasurer Name		
Street Address 104 Tell St. Apt 1			Street Address		
City Providence	State RI	Zip 02909	City	State	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 Delia Rodriguez-Masjoan			Director Name Pablo Rodriguez-Masjoan		
Street Address 104 Tell St. Apt 1			Street Address 559 Newport Av.		
City Providence	State RI	Zip 02909	City Pawtucket	State RI	Zip 02860
Director Name Donald W. King			Director Name		
Street Address 104 Tell St. Apt 1			Street Address		
City Providence	State RI	Zip 02909	City	State	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.					
<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 Delia Rodriguez-Masjoan					Date 10/4/2023
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

OCT 04 2023 2:55pm

BY LKS FL158