



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.

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BUS SVCS DIV

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|--|----------|---|------------------------------------|-------------|-----------------|
| 1. Entity ID Number 000271934 | | 2. Exact name of the Corporation Guatemalan Center of New England/Centro Guatemalteco de NI | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Our mission to encourage and disseminate Guatemalan culture through community events that promote education, health, arts & culture. | | | |
| 4. NAICS Code 813990 | | | | | |
| 6. Principal Office Address PO Box 6867 | | | City Providence | State RI | Zip 02940 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Tiana Ochoa | | | Vice-President Name | | |
| Street Address 61 Stella St. | | | Street Address | | |
| City Providence | State RI | Zip 02909 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 Juan Rosales | | | Director Name Leonel Bonilla | | |
| Street Address 199 New York Avenue | | | Street Address 391 Princess Avenue | | |
| City Providence | State RI | Zip 02905 | City Cranston | State RI | Zip 02920 |
| Director Name Irma Bolanos | | | Director Name | | |
| Street Address 46 Touro St. | | | Street Address | | |
| City Providence | State RI | Zip 02904 | 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. | | | | | |
| <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 Tiana Ochoa | | | | | Date 11/2/23 |
| 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

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