



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

MAR 13 2024

BY *01582*

**Annual Report for the year: 2024**

**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.

1. Entity ID Number <b>001757948</b>		2. Exact name of the Corporation <b>Rhode Island Hispanic Chamber of Commerce Foundation</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island The principal purpose is to improve the economic status and competitiveness of the RI Hispanic business community by supporting the mission of the RI Hispanic Chamber of Commerce.			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>1955 Westminster Street, 2nd floor, Suite B</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Oscar Mejias</b>			Director Name <b>Luis Torrado</b>		
Street Address <b>11 Anderson Avenue</b>			Street Address <b>85 Brookridge Drive</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
Director Name <b>Elvis Santana</b>			Director Name <b>Dariel Blanco</b>		
Street Address <b>62 Wolf Hill Road</b>			Street Address <b>522 Pleasant Valley Parkway, 2nd Flr</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Robert E. Craven</b>				Date <b>2/29/24</b>	
Signature of Officer/Authorized Representative <i>Robert E. Craven</i>					

**MAIL TO:**  
Division of Business Services  
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