



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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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1. Entity ID Number 001097487		2. Exact name of the Corporation CENTRO DE INNOVACION MUJER LATINA			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island WORKING WITH LATIN WOMEN THE HOLISTICOLLY IN DEVELOPMENT OF LIFE			
4. NAICS Code 813319					
6. Principal Office Address 2597 HARTFORD AVE			City JOHNSTON	State RI	Zip 02919
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DANIEL WEST			Vice-President Name DARWIN CASTRO		
Street Address 89 STANBURY ST			Street Address 161 HAROLD ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02909
Secretary Name YANEISHKA ORTIZ			Treasurer Name MANUEL MENDEZ		
Street Address 2597 HARTFORD AVE			Street Address 87 RALPH ST		
City JOHNSTON	State RI	Zip 02919	City PROVIDENCE	State RI	Zip 02909
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 EULOGIA A COLOP			Director Name JULIO RODRIGUEZ		
Street Address 87 RALPH ST			Street Address 944 ATWELLS AVE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Director Name MANUEL DE PENA			Director Name		
Street Address 89 STANBURY ST			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
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 Eulogia Rodriguez / Executive Director				Date 3/4/2025	
Signature of Officer/Authorized Representative Eulogia Rodriguez					

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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