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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.

1. Entity ID Number: 001779326	2. Exact name of the Corporation: Venezuela en Rhode Island Association
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: our Mission is to promote & celebrate Venezuela Culture, customs, tradition, dance, music and gastronomy. Preserving the *
4. NAICS Code: 813990	

6. Principal Office Address: 601 Newport Ave — City: Pawtucket — State: RI — Zip: 02861

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Varsobia Acosta		Vice-President Name: Maria Reis	
Street Address: 601 Newport Ave		Street Address: 15 Greenbriers Rd	
City: Pawtucket	State: RI Zip: 02861	City: Greenville	State: RI Zip: 02828
Secretary Name: Isabel Escobar		Treasurer Name: Salman Pino	
Street Address: 49 Orchard Dr		Street Address: 10 Elm St.	
City: Hope, Scituate	State: RI Zip: 02831	City: Cumberland	State: RI Zip: 02864

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Mauricio Gallego		Director Name: Maribel Silva	
Street Address: 601 Newport Ave		Street Address: 36 Walden Way	
City: Pawtucket	State: RI Zip: 02861	City: Cranston	State: RI Zip: 02921
Director Name: Alba Nunes		Director Name:	
Street Address: 96 Hawthorne St		Street Address:	
City: North Attleboro	State: MA Zip: 02760	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: Varsobia Gallego — Date: 4/29/25

Signature of Officer/Authorized Representative: [signature]

FILED APR 29 2025
BY 7X3FJ

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

FORM 631- Revised 12/2023

* Our Mission is the same of years 2024.