



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 1723367		2. Exact name of the Corporation LATINAMERICA REALTY INC												
3. Principal Office Address 1075 HIHG STREET			City CENTRAL FALLS	State RI	Zip 02863									
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL REAL ESTATE LEASING												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name ABEL CARMONA			Vice President Name LEANDRA CARMONA											
Street Address 27 FRANKLI9N STREET			Street Address 27 FRANKLIN STREET											
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>STK</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	STK	0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	STK	0.00												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.														
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.														
Name of Authorized Representative ABEL CARMONA				Date 06/03/2025										
Signature of Authorized Representative <i>Abel Carmona</i>														

FILED

JUN 9 2025

## 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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