State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
'25 JUN 9 PM12:56:38

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	2. Exact name of the Corporation			
571427	LATINAMERICA DISTRIBUTORS 1 INC			
3. Principal Office Address		City	State	Zip
1075 HIHG STREET		CENTRAL FALLS	RI	02863
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423140	WHOLESALE DISTRRIBUTORS			
5. State of Incorporation				
RHODE ISLAND				

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

President Name			Vice-President Name		
ABEL CARMONA			LEANDRA CARMONA		
Street Address			Street Address		
27 FRANKLI9N STREET			27 FRANKLIN STREET		
City / State / Zip			City / State / Zip		
NORTH PROVIDENCE	RI	02904	NORTH PROVIDENCE	RI	02904
Secretary Name			Treasurer Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

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

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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	STK	0.0010

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	Date
ABEL CARMONA	06/03/2025

Signature of Authorized Representative: Abel Carmona

FILED
JUN 9 2025
BY 4858

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