

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

penalty fee of \$25.00.	0-94, each corporation jaiti	ng or rejusing to jue its	annual report within the time pres		-91) is subject to a	
1. Corporate ID No. 157087	2 Name of Corporation RHODE ISL	AND BOL	IVIAN AMER	ZICAN ASS	sociation	
3. State of Incorporation	4. Corporate address in Rhod			North Poside	Zip PT	
5. Foreign corporation. Enter princ	cipal office address		Сцу	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
CHARITABLE AND EDUCATION AL						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name ROBERTO CALVO			RONALD DE LA ZERDA			
5 Suma	c Trl		Street Address 1701 SMITH	ST. APT	1.205	
Narragansett	State Zi	02882	North Providence	State P4	02911	
ELIAND D	E LA ZER	DA .	FATIMA NUT	21EL		
Street Address 613 WOODAS	quarte chot	Due	Street Address 375 RIVER		•	
North Pondence	Sine Zi	0 2911 C'X" BOX FOR ATTAC	City PRWIDEN Œ HMENT) FILL IN SPACES B	State RI REORE USING ATTACH	02908	
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC (ORPORATION SHALL NOT E			
Director Name		ŕ	Director Name			
VIVIAN CU	ENCA		Leslie Pu	<u>neyro</u>		
45 Headow			Street Address 9 KYISten			
North Prividence	State Zig	02904	North Providence	State	0 2911	
FATIMA MU	RIEL		Director Name			
Street Address	3UQ.		Street Address		200 200	
PROUL DENCE 9. REGISTERED AGENT IN	State Zi,		СИУ	State	PAEC SON-OA	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver of Trustee						
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File Date						
Check No.	APR 2 9 2009					
By:	By 088332	4.65				
	OR SECRETARY OF STATE USE ONL	 Y				

Under penalty of perjury, I deciare and artiffit that I	nave examined this
report, including any accompanying schedules and stat	ements, and that all
statements contained herein are true and correct.	
Roud Jeh Zuf	4-28-09
Signature of Officer	Date
Ronald De la Zerda	
Print or Type Name of Officer	
Vice Passident	
Title of Officer	