

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

penatty jee of \$25.00.				·				
1. Corporate ID No.	2. Name of Corporation							
138694		Olneyville Neighborhood Association, Inc						
3. State of Incorporation	4. Corporate ada	4. Corporate address in Rhode Island - Street Address			Zip			
RI	122 Mantor	122 Manton Ave, Unit 611, Box 8			02909			
5. Foreign corporation. Enter principal office address			СЦу	State	Zip			
6. Brief Description of the char				<u> </u>				
REALITIELL			RKING TOGETHER TO MAKE TTACHMENT) FILL IN SPA					
President Name			Vice President Name					
Alexandra Marro			Norman Ospina					
Street Address			Street Address					
14 Olneyville Square			484 Plainfield Stree	et				
City	State	Zip	City	State	Zip			
Providence	RI	02909	Providence	RI	02909			
Secretary Name			Treasurer Name					
Michael Wojcicki			Tanitza Clavell					
Street Address 112 Warrington St			Street Address 14 Gray Street					
City	State	Ζψ	City	State	Zip			
Providence	RI	02909	Providence	RI	02909			
8. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPA	ACES BEFORE USING ATT	ACHMENTS			
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23			
Director Name			Director Name					
Manuel Lemus			Cam Pierro					
Street Address			Street Address					
190 Valley Street			19 Hannah St					
City	State	Zip	City	State	Zip			
Providence	RI	02909	Providence	l RI	02909			
Director Name		102000	Director Name					
Ruth Salvatierra-Moore			Oscar Lemus					
Street Address			Street Address					
14 Gray St #3			190 Valley Street					
City	State	Ζip	City	State	Zip			
Providence	l _{RI}	02909	Providence	RI	02909			
9. REGISTERED AGEN		•	.,,	•	,			
This information is curre	ently of record in th	e 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, Vi	ce President, Secretary, Assista	ant Secretary, Treasurer, Ro	eceiver or Trustee			

- 13009 4		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all				
File Date	FILED	statements contained herein are true and correct.				
Check No.	MAY 27 2009	ā	signduag of Officer HLEXANDR 1.4	Date MARRO		
Ву:	By 1654		Print or Type Name of Officer			
FOR	SECRETARY OF STATE USE ONLY	•	Title of Officer	D 631 D 601 D		

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