



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 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.

1. Corporate ID No. <b>000185451</b>		2. Name of Corporation <b>Liga Salvadoreña de Fútbol de R.I / Salvadoreña Soccer League of R.I (SSL)</b>	
3. State of Incorporation <b>R.I.</b>		4. Corporate address in Rhode Island - Street Address <b>283 Manton ave</b>	
		City <b>Providence</b>	Zip <b>02909</b>
5. Foreign corporation. Enter principal office address		City <b>R.I.</b>	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>Soccer tournaments for Adults.</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>MARIA E. HERNANDEZ</b>		Vice President Name <b>J. Francisco Martinez</b>	
Street Address <b>Same as corporate</b>		Street Address <b>Same as corporate</b>	
City	State	City	Zip
Secretary Name <b>Marybel P. Martinez</b>		Treasurer Name <b>Abelardo Hernandez</b>	
Street Address <b>same as corporate</b>		Street Address <b>Same as corporate</b>	
City	State	City	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <b>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</b>			
Director Name <b>Maria E. Hernandez</b>		Director Name <b>J. Francisco Martinez</b>	
Street Address <b>Same as corporate</b>		Street Address <b>Same as corporate</b>	
City	State	City	Zip
Director Name <b>Marybel P. Martinez</b>		Director Name <b>Abelardo Hernandez</b>	
Street Address <b>Same as corporate</b>		Street Address <b>Same as corporate</b>	
City	State	City	Zip
		<b>283 Manton Ave</b>	<b>R.I 02909</b>
9. REGISTERED AGENT IN RHODE ISLAND <b>Providence</b>			
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 or Trustee

**FILED**

File Date **JUN 21 2010**

Check No. **120790 11:02**

By: **BY**

FOR SECRETARY OF STATE USE ONLY

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.

**Maria Hernandez**  
Signature of Officer Date

**Maria E. Hernandez**  
Print or Type Name of Officer

**President**  
Title of Officer