

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 2011

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

| penalty fee of \$25.00. 1. Corporate ID No. | | V | o jan bo william report within the | * | |
|--|---|------------------------------|--|------------------------------|-------------------------|
| 153034 | 2. Name of Corporation | | | | |
| 3. State of Incorporation | Asociacion Ecuatoriana De Rhode Island 4. Corporate address in Rhode Island - Street Address City 17th | | | | |
| | 4. Corporate address in Rhode Island - Street Address 26 River Ave | | | City | Zip |
| RI | | | I S. | Providence | 02908 |
| 5. Foreign corporation. Enter principal office address President-26 River Ave. | | | City | State | Zip |
| 6. Brief Description of the character of the affairs which are actually conducted in R | | | Providence | RI | 02908 |
| | | | rode Island | | |
| Help to strengthen an | d Unite the Commi | inity | | | |
| 7. NAMES AND ADDR | ESSES OF THE OF | FICERS: ("X" BOX FOR A | <i>TTACHMENT)</i> 🔲 FILL IN SPA | CES BEFORE USING ATTA | CHMENTS |
| President Name | | | Vice President Name | | |
| Julio A. Regalado | | | Carolina Briones | | |
| Street Address | | | Street Address | | |
| 26 River Ave | | | 16 McKinley St. | | |
| City | State | Zip | City | State | Zip |
| Providence | RI | 02908 | Johnston | RI | 02919 |
| Secretary Name | | | Treasurer Name | | |
| Ericka L. Moore | | | Juan C. Moore | <u></u> | |
| Street Address | | | Street Address | | |
| 79 Samoset Ave | | | 79 Samoset Ave | | |
| City | State | Ζip | City | State | Zip |
| Providence | RI | 02908 | Providence | RI | 02908 |
| | | | ATTACHMENT) FILL IN SPA | | |
| | RECTORS OF A DO | MESTIC (RHODE ISLA | ND) CORPORATION SHALL | NOT BE LESS THAN THE | EE (3). R.I.G.L. 7-6-23 |
| Director Name | | | Director Name | | |
| Jaime Salinas | | | Bruno Sukys | | |
| Street Address | | | Street Address 2 | | |
| 160 Harold St. | | | 12 Preston Drive | | |
| City | State | Ζip | City | State | \Box Zip |
| Providence | Ri | 02908 | Cranston | RI | ⊆ 02910− |
| Director Name | | | Director Name | | |
| Jose Cruz | | | Mariana Miranda On | | |
| Street Address | | | Street Address 107 Gesler Street Apt. # F-24 | | |
| 24 Briggs St. | State | Zíp | | | 3,7,7 |
| Cranston | RI | 02920 | City | State | 9740 |
| 9. REGISTERED AGEN | | • | Providence | RI | + 02969+1 |
| , AULI | WHODE IGHT | 786 | • | | • |
| This information is curr | ently of record in th | e Office of the Secretary of | of State. Changes require filing of | of Form 641 - R.I.G.L. 7-6-1 | 3/7-6-78 |
| This repor | t must be signed by | either the President Vic | e President, Secretary, Assista | nt Sporatowy Transport | |

| | 153034 FILED | Under penalty of perjury, I report including any accom |
|-----------|-----------------------------|---|
| File Date | JUN 15 2011 | statements countried herein |
| Check No | RY_\096 | Julio A. Regalado Print or Type Name of Office. |
| FOR | SECRETARY OF STATE USE ONLY | President Title of Officer |

declare and affirm that I have examined this panying schedules and statements, and that all are true and correct.

Date 6/15/11