

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.

| 1. Corporate ID No. | 2. Nume of Corporation | | | | |
|--|--------------------------------|-----------------------------------|-----------------------------------|----------------------------------|---|
| <u>57200</u> | Venceremos Housing Cooperative | | | | |
| 3. State of Incorporation | · | ss in Rhode Island - Street Addre | SN | City: | Zip |
| Rhode Island | 807 Broad Street, Box 47 | | chi. | Providence | 02907 |
| 5. Foreign corporation. Enter principal office address | | City | State | Zip | |
| 6. Brief Description of the chara | cter of the affairs which a | re actually conducted in Rhode . | Island | | |
| Limited equity cooperation | | | | | |
| | • | | _ | | |
| | SSES OF THE OFFIC | ERS: ("X" BOX FOR ATTAC | 1 - | CES BEFORE USING ATTA | ACHMENTS |
| President Name Steven Fischbach | | | Vice President Name Rochelle Lee | | |
| Street Address | | | Street Address | | |
| 158 Arnold Avenue | | | 172 Ontario Street | | |
| City | State | Ζiφ | City | State | Ζip |
| Cranston | RI | 02905 | Providence | RI | 02907 |
| Secretary Name | | | Treasurer Name | | |
| Kubin Lupes | | | Robin Lopes | | |
| Street Address | | | Street Address 64 Croyland Road | | |
| City O | State | Zip . | City | State | Zip |
| Providence | 1 121 | 02905 | Providence | RI | 02905 |
| 8. NAMES AND ADDRES | SES OF THE DIREC | CTORS: ("X" BOX FOR ATT | - | ACES BEFORE USING ATT | • |
| THE NUMBER OF DIRE | CTORS OF A DOM | ESTIC (RHODE ISLAND) | CORPORATION SHALL | NOT BE LESS THAN THE | REE (3). R.I.G.L. 7-6-2 |
| Director Name | | | Director Name | | |
| Steven Fischbach | | | Rochelle Lee | | |
| Street Address | | | Street Address | | |
| 158 Arnold Avenue | | | 172 Ontario Street | T- | |
| Cranston | State RI | ^{Ζip} 02905 | City | State RI | ^{Zip} 02907 |
| Director Name |] KI | 102905 | Providence Director Name | Į IXI | 102901 |
| Robin Lopes | | | Parecial Hame | | |
| Street Address | | | Street Address | | N) |
| 64 Croyland Road | | | | | 22 |
| City | State | Zip | City | State | Zip · · · · · · · · · · · · · · · · · · · |
| Providence | RI | 02907 | ı | | <u> </u> |
| 9. REGISTERED AGENT | IN RHODE ISLAND |) | | | \sim |
| This information is curren | tly of record in the C | Office of the Secretary of St | ate. Changes require filing | of Form 641 - R.I.G.L. 7-6-1 | 13/7-6-78 |
| This report n | nust he signed by eit | ther the President Vice Pr | esident Secretary Assists | ant Secretary, Treasurer, Re | ceiver or Trustee |
| ima report n | mast be signed by er | and the freshein; vice fr | T | ant becretary, freasurer, ice | 7 |
| | | FILE | , | | မ |
| | | 00 2 | n11 | | \odoc |
| | | JUN 22 2 | 3 7 | | |
| | | - 11 | | | |
| | | By/ | Tindag gamaling | of perjury, I declare and affire | m that I have exemined th |
| | | | report, includin | g any accompanying schedules | |
| | | 77' | statements cont | ained herein are true and corre | |
| File Date | 7 | | | bul | 6/21/11 |
| | 7 | | Signature of Offi | Ter . | Date |
| Check No. | ····· | | Steven Fi | | |
| _ | | | Print or Type No. | | |
| <i>By:</i> | | — j | Presider | | |
| FOR SECRETARY (| OF STATE USE ONLY | · | Title of Officer | 11 | |
| | | | | | |