



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000514898		2. Exact name of the Corporation PUMAS SOCCER ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address 132 BEACHMONT AVE.		City CRANSTON	Zip 02905
5. Foreign corporation. Enter principal office address			City	State RI	Zip 02905
6. Brief description of the character of business conducted in Rhode Island TO PROMOTE YOUTH SOCCER ACTIVITIES IN RI					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LUIS CASTANOS			Vice-President Name EDMUND BARGBLOR		
Street Address 132 BEACHMONT AVE			Street Address 160 SHARON ST		
City CANSTON	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Secretary Name EDDY GUTIERREZ			Treasurer Name STEPHANIE CASTANOS		
Street Address 76 DORCHESTER AVE			Street Address 132 BEACHMONT AVE		
City PROVIDENCE	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ABELARDO HERNANDEZ			Director Name LUCIO DaSYLVA		
Street Address MANTON AVE			Street Address 53 SUSSEX ST		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Director Name LORENZO NUNEZ			Director Name		
Street Address 161 FAIRVIEW ST.			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 01/2012

FILED

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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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

LUIS CASTANOS
PRESIDENT

4-27-12