

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 ~ May - 3

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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

1. Entity ID No.	2. Exact name of the Corporation CLUB JUAN PABLO DUARTE						
000063362							
3. State of Incorporation	4. Corporate Address in RI - Street Address 100 NIAGARA STREET			City PROVIDENCE		Zip 02907	
5. Foreign corporation. Enter	principal office ad	ldress	City State		Zip		
6. Brief description of the char	racter of business	conducted in Rhode	Island				
EDUCATIONAL, SOCI	AL, CULTUR	AL, SPORTS ORI	IENTED				
ALSIAL OFFICERS (NA	MES AND ADDR	ESSES) ("X" BOX FO	OTATACIMENT)		Control of the North Control of the		
President Name DANIEL PADILLA			Vice-President Name ENRIQUILLO MENDEZ				
Street Address 75 ALGER STREET			Street Address 3 9 WIN 102 H St				
City PROVIDENCE	State RI	Zip 02907	City Provid	bnice	State R1	Zip 02907	
Secretary Name JUAN WHATTS			Treasurer Name MARCOS CABRERA				
Street Address 73 MITCHELL STREET			Street Address 209 VERMONT STREET				
Dity PROVIDENCE	State RI	Zip 02907	City PROVIDENCE		State RI	Zip 02905	
LLIST ALL DIRECTORS (N ("X" BOX FOR ATTACHM	AMES AND ADE	RESSES). RHODE IS	LAND CORPORATIONS	MUST LIST	NO LESS THAN	THREE (3) DIRECT	
Director Name DANIEL PADILLA			Director Name JUAN WHATTS				
Street Address 74 ALGER STREET			Street Address 73 MITCHELL	Street Address 73 MITCHELL STREET			
Dity PROVIDENCE	State RI	Zip 02907	City PROVIDENCE		State RI	Zip 02907	
Director Name MARCOS CABRERA			Director Name		h	<u>. </u>	
Street Address 209 VERMONT STREE	Т		Street Address			-	
PROVIDENCE	State RI	Zip 02905	City		State	Zip	
9. REGISTERED AGENT IN 1							
This information is currently	of record in th	e Office of the Secret	ary of State. Changes re	nuise filing Fo	orm 641	. i	

FIX Date 1	FILED	AUnder 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.			
Check No.		Luen whates	04/27/2012		
By a second of the second of t	MAY 0.3 2012	Signature of Officer	Date		
FOR SECRETARY OF STATE USE ONLY	MAI VO CUIZ	JUAN WHATTS			
	<i>v</i>	Print or Type Name of Officer			
Form No. 631	109851	SECRETARY			
Revised: 01/2012	11:19	Title of Officer			