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 2012

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.	2. Exact name of the Corporation		
76524	**Hispanic Basketball Association (H.B.A.)**		
3. State of Incorporation **Rhode Island**	4. Corporate Address in RI - Street Address **645 Elmwood Avenue**	City **Providence**	Zip **02907**
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief description of the character of business conducted in Rhode Island **Male and Female tournaments in the state of Rhode Island**			

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). "X" BOX FOR ATTACHMENT ☒

President Name **Ervinw W. Pena**			Vice-President Name **Yrineo Beato**		
Street Address **40 Wallace St**			Street Address **11 Elma St**		
City **Providence**	State **RI**	Zip **02909**	City **Providence**	State **RI**	Zip **02905**
Secretary Name **Mrs. Nijole T. Sukys**			Treasurer Name **Bruno J. Sukys**		
Street Address **12 Preston Drive**			Street Address **12 Preston Drive**		
City **Cranston**	State **RI**	Zip **02910**	City **Cranston**	State **RI**	Zip **02910**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒

Director Name **Huscar Beato**			Director Name **Mrs. Yony Vigil**		
Street Address **11 Elma St**			Street Address **39 Mallory Court**		
City **Providence**	State **RI**	Zip **02905**	City **Cranston**	State **RI**	Zip **02910**
Director Name			Director Name **Tomas Ramirez**		
Street Address			Street Address **39 Mallory Court**		
City	State	Zip	City **Cranston**	State **RI**	Zip **02910**

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

FILED
MAY 18 2012
BY 1638

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.

B B Sukys — **05/16/2012**
Signature of Officer — Date

Print or Type Name of Officer

Bruno J. Sukys - Treasurer
Title of Officer

Form No. 631
Revised: 01/2012

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