



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/business

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.

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|--|----------------------|--|------------------------------|----------------------|---------------------|
| 1. Entity ID No. <u>44097</u> | | 2. Exact name of the Corporation <u>FRATERNIDAD FOLKORICA BOLIVIANA INC</u> | | | |
| 3. State of Incorporation <u>R.I.</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>FOLKORIC DANCING</u> | | | |
| 5. Principal office address <u>190 Stanbridge Av.</u> | | City <u>Providence</u> | State <u>RI</u> | Zip <u>02909</u> | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name <u>Humberto Villagomez</u> | | Vice-President Name <u>JORGE ALBARRACIN</u> | | | |
| Street Address <u>190 Stanbridge Av.</u> | | Street Address <u>243 Smith St.</u> | | | |
| City <u>Providence</u> | State <u>R.I.</u> | Zip <u>02909</u> | City <u>Providence</u> | State <u>R.I.</u> | Zip <u>02908</u> |
| Secretary Name <u>LUIS GARCIA</u> | | Treasurer Name <u>NONE</u> | | | |
| Street Address <u>230 WEBSTER AV.</u> | | Street Address <u>NONE</u> | | | |
| City <u>Providence</u> | State <u>R.I.</u> | Zip <u>02909</u> | City | State | Zip |
| 7. 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 <u>TANIA ARRIARAN</u> | | Director Name <u>Jaime Mendoza</u> | | | |
| Street Address <u>576 BUTTWOODS AV.</u> | | Street Address <u>32 FERGREST BLVD</u> | | | |
| City <u>WARWICK</u> | State <u>R.I.</u> | Zip <u>02886</u> | City <u>N. Providence</u> | State <u>R.I.</u> | Zip <u>02911</u> |
| Director Name <u>Jorge Albarracin</u> | | Director Name | | | |
| Street Address <u>243 Smith St</u> | | Street Address | | | |
| City <u>Providence</u> | State <u>RI</u> | Zip <u>02908</u> | City | State | Zip |
| 8. 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

FILED

JUN 21 2012

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

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: Humberto Villagomez Date: 06-21-2012
 Print or Type Name of Officer: Humberto Villagomez
 Title of Officer: President