



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 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. 44097		2. Exact name of the Corporation FRATERNIDAD FOLKLORICA BOLIVIANA INC			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island FOLKLORIC DANCING			
5. Principal office address 190 Glenbridge AV.		City Providence	State RI	Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Humberto Villasomez			Vice-President Name JOAQUE ALBARRACIN		
Street Address 190 Glenbridge AV.			Street Address 243 Smith ST.		
City Providence	State R.I.	Zip 02909	City Providence	State R.I.	Zip 02908
Secretary Name LUIS GARCIA			Treasurer Name NONE		
Street Address 230 WEBS TER AV.			Street Address NONE		
City Providence	State R.I.	Zip 02909	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 TANIA ARRIARAN			Director Name Jaime Mendoza		
Street Address 576 BUTTONWOODS AV.			Street Address 32 FERCREST BLVD		
City WARWICK	State R.I.	Zip 02886	City N. Providence	State R.I.	Zip 02914
Director Name Jorge Albarracin			Director Name		
Street Address 243 Smith ST			Street Address		
City Providence	State R.I.	Zip 02908	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 Villasomez* Date: 06-21-

Print or Type Name of Officer

Title of Officer

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 CORPORATION DIV
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