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 2010

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. MM097	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	City	State	Zip
190 Glenbridge AV.	Providence	RI	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Humberto Villasomez			JORGE 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		
Street Address 230 WEBSTER 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) ☐

Director Name			Director Name		
TANIA ARRIARAN			Jaime Mendoza		
Street Address 576 BUTTONWOODS AV.			Street Address 32 FERGREST BLVD		
City WARWICK	State R.I.	Zip 02886	City N. Providence	State R.I.	Zip 02911
Director Name Jorge ALBARRACIN			Director Name		
Street Address 243 Smith ST			Street Address		
City Providence	State RI.	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

BY 29-173251

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 _____

Form No. 631
Revised: 05/2012

2012 JUN 21 PM 2:23 SECRETARY OF STATE