



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 2009

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. <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 Glenbridge 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>JOSE ALBARRACIN</u>		
Street Address <u>190 Glenbridge 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 BUTTONWOODS AV.</u>			Street Address <u>32 FERGEST 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>R.I.</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: [Signature]
FOR SECRETARY OF STATE USE ONLY
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: [Signature] Date: _____
 Print or Type Name of Officer: _____
 Title of Officer: _____

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