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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.**

1. Entity ID No.	2. Exact name of the Corporation
117053	LIGA GUATEMALTECA DE FUTBOL DE RHODE ISLAND GUATEMALA SOCCER LEAGUE OF RHODE ISLAND
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	TO PROMOTE SOCCER TOURNAMENTS FOR THE COMMUNITY IN RHODE ISLAND.

5. Principal office address	City	State	Zip
283 MANTON AVE.	PROVIDENCE	RI	02909

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

President Name	Vice-President Name
ABELARDO HERNANDEZ	JUAN FRANCISCO MARTINEZ
Street Address: 283 MANTON AVE.	Street Address: 283 MANTON AVE.
City: PROVIDENCE State: RI Zip: 02909	City: PROVIDENCE State: RI Zip: 02909
Secretary Name	**Treasurer Name**
MARYBEL MARTINEZ	MARIA HERNANDEZ
Street Address: 283 MANTON AVE.	Street Address: 283 MANTON AVE.
City: PROVIDENCE State: RI Zip: 02909	City: PROVIDENCE State: RI Zip: 02909

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
ABELARDO HERNANDEZ	JUAN FRANCISCO MARTINEZ
Street Address: 283 MANTON AVE.	Street Address: 283 MANTON AVE.
City: PROVIDENCE State: RI Zip: 02909	City: PROVIDENCE State: RI Zip: 02909
Director Name	**Director Name**
MARYBEL MARTINEZ	MARIA HERNANDEZ
Street Address: 283 MANTON AVE.	Street Address: 283 MANTON AVE.
City: PROVIDENCE State: RI Zip: 02909	City: PROVIDENCE State: RI Zip: 02909

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

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

FILED
JUL 27 2012
CR 175828
BY _____

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.

Abelardo Hernandez 7/27/12
Signature of Officer Date

ABELARDO HERNANDEZ
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form No. 631
Revised: 06/2012
81409-1-770252