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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
185451	LIGA SALVADOREÑA DE FUTBOL DE RHODE ISLAND SALVADORIAN SOCCER LEAGUE OF RHODE ISLAND
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	TO ORGANIZE SOCCER TOURNAMENTS FOR ADULTS MALE AND FEMALE.

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	Street Address	City	State	Zip
JUAN FRANCISCO MARTINEZ	283 MANTON AVE.	PROVIDENCE	RI	02909

Vice-President Name	Street Address	City	State	Zip
MARYBEL MARTINEZ	283 MANTON AVE.	PROVIDENCE	RI	02909

Secretary Name	Street Address	City	State	Zip
MARIA HERNANDEZ	283 MANTON AVE.	PROVIDENCE	RI	02909

Treasurer Name	Street Address	City	State	Zip
ABELARDO HERNANDEZ	283 MANTON AVE.	PROVIDENCE	RI	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	Street Address	City	State	Zip
JUAN FRANCISCO MARTINEZ	283 MANTON AVE.	PROVIDENCE	RI	02909

Director Name	Street Address	City	State	Zip
MARYBEL MARTINEZ	283 MANTON AVE.	PROVIDENCE	RI	02909

Director Name	Street Address	City	State	Zip
ABELARDO HERNANDEZ	283 MANTON AVE.	PROVIDENCE	RI	02909

Director Name	Street Address	City	State	Zip
MARIA HERNANDEZ	283 MANTON AVE.	PROVIDENCE	RI	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

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JUL 27 2012
BY C175828

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

TREASURER
Title of Officer

Form No. 631
Revised 05/2012