



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 2013

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. 94874		2. Exact name of the Corporation Mexican Soccer League	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Soccer league	
5. Principal office address 161 Fairview St		City Providence	State RI
		Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name LORENZO NUNEZ		Vice-President Name Luis Castanos	
Street Address 161 FAIRVIEW ST		Street Address 132 BEACHMONT AVE	
City Providence	State RI	City CRANSTON	State RI
Zip 02908		Zip 02905	
Secretary Name GUILLELMO LOREZ		Treasurer Name RAYMUNDO NUNEZ	
Street Address 529 CHALKSTON AVE		Street Address 241 FAIRVIEW ST	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
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 LORENZO NUNEZ		Director Name RAYMUNDO NUNEZ	
Street Address 161 FAIRVIEW ST		Street Address 161 FAIRVIEW ST	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Director Name Luis Castanos		Director Name Luis Castanos	
Street Address 132 BEACHMONT		Street Address 132 BEACHMONT	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02905		Zip 02905	
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

925 FILED
APR 18 2013
 BY **12195417**

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.

Lorenzo Nunez **4-18-13**
 Signature of Officer Date
LORENZO NUNEZ
 Print or Type Name of Officer
PRESIDENT
 Title of Officer