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 7/25/13

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
157151	Comite San Jose
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Community Service to RI and also to Guatemala

5. Principal office address	City	State	Zip
116 Parnell St	Providence	RI	02909

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

President Name	Vice-President Name
Saul Najera	Cesar Morales
Street Address: 116 Parnell St	Street Address: 103 Legion way
City: Providence State: RI Zip: 02909	City: Cranston State: RI Zip: 02910
Secretary Name	**Treasurer Name**
Beder Lopez	
Street Address: 114 Parnell st	Street Address:
City: Providence State: RI 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
Saul NaJera	Cesar morales
Street Address: 116 Parnell ST	Street Address: 103 Legion way
City: Providence State: RI Zip: 02909	City: Cranston State: RI Zip: 22910
Director Name	**Director Name**
Beder Lopez	
Street Address: 114 Parnell ST	Street Address:
City: providence State: RI Zip: 02909	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 901
JUL 25 2013
202391

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

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.

Saul NaJera 7/25/13
Signature of Officer Date

Saul Najera
Print or Type Name of Officer

SECRETARY OF STATE
CORPORATIONS DIV
2013 JUL 25 A 9:04

Form No. 631