



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

2013 JUL 30 AM 12:35
 SECRETARY OF STATE
 CORPORATIONS DIV

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. 157087		2. Exact name of the Corporation Rhode Island Bolivian American Association (RIBAA)	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Charitable and Educational	
5. Principal office address PO BOX 114329		City North Providence	State RI
		Zip 02911	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT			
President Name Bianca Rodriguez		Vice-President Name Nancy Rodriguez	
Street Address 74 Sawyer St		Street Address 17 Governor St	
City Providence	State RI	City Cranston	State RI
Zip 02907		Zip 02920	
Secretary Name Ronald de la Zerda		Treasurer Name Luis Rodriguez	
Street Address 701 Smith St. Apt 205		Street Address 17 Governor St	
City N. Providence	State RI	City Cranston	State RI
Zip 02911		Zip 02920	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (X) BOX FOR ATTACHMENT			
Director Name Bianca Rodriguez		Director Name Nancy Rodriguez	
Street Address 74 Sawyer St		Street Address 17 Governor St	
City Providence	State RI	City Cranston	State RI
Zip 02907		Zip 02920	
Director Name Luis Rodriguez		Director Name	
Street Address 17 Governor St		Street Address	
City Cranston	State RI	City	State
Zip 02920		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 1236

File Date: **JUL 30 2013**
 Check No: **2202054**
 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.

Signature of Officer: **Bianca Rodriguez** Date: **7/30/13**
 Print or Type Name of Officer: **BIANCA RODRIGUEZ**