



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. 000083859		2. Exact name of the Corporation Asociacion Social Cultural y Deportiva Matinca OF R.I.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To contribute an promote our culture			
5. Principal office address 16 Pembroke Ave-		City Providence	State R.I.	Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name 16 Pembroke Ave - Julio C. Argon			Vice-President Name Monica Aragon		
Street Address 16 Pembroke Ave			Street Address 16 Pembroke Ave		
City Providence	State R.I.	Zip 02908	City Providence	State R.I.	Zip 02908
Secretary Name Samuel Nava			Treasurer Name Aurelio Ramirez		
Street Address 73 Putnam St.			Street Address 22 Pembroke Ave		
City Providence	State R.I.	Zip 02908	City Providence	State R.I.	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 Samuel Nava			Director Name Monica Aragon		
Street Address 73 Putnam St.			Street Address 16 Pembroke Ave		
City Providence	State R.I.	Zip 02908	City Providence	State R.I.	Zip 02908
Director Name Vicente Arrazon			Director Name Aurelio Ramirez		
Street Address 126 Pembroke Ave			Street Address 22 Pembroke Ave		
City Providence	State R.I.	Zip 02908	City Providence	State R.I.	Zip 02908
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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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: Julio Cesar Aragon Date: 12-27-2013
 Print or Type Name of Officer: President
 Title of Officer: President