



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 2014

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. 000148336		2. Exact name of the Corporation CARRIES AND INCENSER OF THE BROTHERHOOD OF LORD OF THE SEA PROV. RI USA	
3. State of Incorporation R.I		4. Brief description of the character of business conducted in Rhode Island DEMONSTRATE THE RELIGIOUS AND CULTURAL TRADITIONS OF SOUTH AMERICA	
5. Principal office address 101 LYNCH ST		City PROVIDENCE	State RI Zip 029
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name EUREN YANEZ		Vice-President Name RICARDO BOLIVAR	
Street Address 610 SMITH ST		Street Address 51 HILLWOOD ST	
City PROV	State RI Zip 02908	City CRANSTON	State RI Zip 02920
Secretary Name MARIA E. FABELLO		Treasurer Name CAROLINA YANEZ	
Street Address 50 REGENT AVE APT 3		Street Address 101 LYNCH ST	
City PROV	State RI Zip 02908	City PROV.	State RI 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 EISA LINARES		Director Name MARIA E FABELLO	
Street Address 15 RUTHERGLEN AVE		Street Address 50 REGENT AVE APT 3	
City PROV.	State RI Zip 02907	City PROV	State RI Zip 02908
Director Name CAROLINA YANEZ		Director Name RICARDO BOLIVAR	
Street Address 101 LYNCH ST		Street Address 51 HILLWOOD ST	
City PROV.	State RI Zip 02908	City CRANSTON	State RI Zip 02920
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

2:19 pm

FILED

MAY 14 2014

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ICM

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
EUREN YANEZ

Date
5/14/14

Print or Type Name of Officer
PRESIDENT

Title of Officer

File Date	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	