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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

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.	2. Exact name of the Corporation		
94874	MEXICAN SOCCER LEAGUE		
3. State of Incorporation	4. Corporate Address in RI - Street Address	City	Zip
	161 Fairview ST	Providence	02908
5. Foreign corporation. Enter principal office address	City	State	Zip

6. Brief description of the character of business conducted in Rhode Island
FOR THE OF SOCCER

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

President Name	Street Address	City	State	Zip
Lorenzo Nunez	161 Fairview ST	Providence	RI	02908

Vice-President Name	Street Address	City	State	Zip
Raymundo Nunez	161 Fairview ST	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
Maria E Nunez	161 Fairview ST	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Juan Nunez	161 Fairview ST	Providence	RI	02908

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Lorenzo Nunez	161 Fairview ST	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Raymundo Nunez	161 Fairview ST	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Maria E Nunez	161 Fairview ST	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Juan Nunez	161 Fairview ST	Providence	RI	02908

9. 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

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 — Date

Lorenzo Nunez
Print or Type Name of Officer

President
Title of Officer

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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BY CM 236090
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Form No. 631
Revised: 01/2012
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