



**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. <b>138694</b>		2. Exact name of the Corporation <b>OLNEYVILLE NEIGHBORHOOD ASSOCIATION, INC.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>NON-PROFIT</b>			
5. Principal office address <b>122 MANTON AVE., UNIT 6H, Box 8</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>MARLON CIFUENTES</b>			Vice-President Name		
Street Address <b>112 WARRINGTON ST.</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Secretary Name <b>WILL LAMBEK</b>			Treasurer Name <b>SUSAN BEATY</b>		
Street Address <b>56 WOOD ST</b>			Street Address <b>109 PRINCETON AVE.</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
<b>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"/></b>					
Director Name <b>GASPAR ESPINOZA</b>			Director Name <b>ROSARIO PREN</b>		
Street Address <b>83 FARMINGTON AVE</b>			Street Address <b>22 WALNUT ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
Director Name <b>EDUARDO SANDOVAL</b>			Director Name <b>JHANET CABRERA</b>		
Street Address <b>66 APPLETON ST.</b>			Street Address <b>115 ETHAN ST.</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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, duly Authorized Representative, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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 BY 1144

**FILED**

JUN 11 2014

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]*  
 Signature of Officer or Authorized Representative

6/11/14  
 Date

WILL LAMBEK  
 Print or Type Name of Officer or Authorized Representative