



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000543395

2. Name of Corporation Casa De Arte De Guatemala

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 390 BROADWAY

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 390 BROADWAY

City or Town: PROVIDENCE State: RI Zip: 02909 Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

DEDICATED TO PRESERVE, PROMOTE AND INTERPRET THE ART, CULTURE, LIVES AND HISTORY OF THE GUATEMALAN COMMUNITY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	FREDY FLORES	390 BROADWAY PROVIDENCE , RI 02909
TREASURER	STEPHEN BIERNACKI	390 BROADWAY PROVIDENCE, RI 02909 USA

VICE PRESIDENT	VILMA DE LEON	54 SEAVIEW AVENUE CRANSTON, RI 02905 USA
DIRECTOR	FREDY FLORES	177 GLADSTONE AVENUE CRANSTON, RI 02920 USA
DIRECTOR	VILMA DE LEON	54 SEAVIEW AVENUE CRANSTON, RI 02905 USA
DIRECTOR	STEPHEN BIERNACKI	390 BROADWAY PROVIDENCE, RI 02909 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

VILMA DE LEON 390 BROADWAY PROVIDENCE , RI 02909

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 10 Day of November, 2014 at 12:45:44 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By VILMA DELEON
Signature of Authorized Person

Form No. 631
Revised 09/07

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