



**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:** 2015

**1. Corporate ID No.** 000720161

**2. Name of Corporation** Las Damas Crucenas RI.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 55 OLIVE STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

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

TO HELP THE CRECENA OF BOLIVIA COMMUNITY AND THE DIFFERENT NEEDS PRESENTED. ALSO CONVEY THE CULTURE AND TRADITIONS TO OTHER COUNTRIES AND OUR CHILDREN

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GABY MOLINA	17 DEBORAH STREET PROVIDENCE, RI 02909 USA
PRESIDENT	GABY MOLINA	17 DEBORAH ST

		PROVIDENCE, RI 02920
DIRECTOR	MARIA FREY	531 HUNT STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	SISSY FARINAS	38 CEDAR STREET CRANSTON, RI 02920 USA
DIRECTOR	CLARA C PAZ	136 WESTFIELD STREET CRANSTON, RI 02920 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**

KATHERINE FRAY 55 OLIVE STREET PAWTUCKET , RI 02860

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

**Signed this 14 Day of June, 2015 at 10:27:02 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 SISSY FARINAS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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