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~~ 2015

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
91722	Estrellas LatinoAmericanas
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	Non-Profit Organization

5. Principal office address	City	State	Zip
241 Cottage St Woonsocket RI	Woonsocket	RI	02895

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

President Name	Vice-President Name
Wilson A. Soto	
Street Address: 241 Cottage St	Street Address
City: Woonsocket / State: RI / Zip: 02895	City / State / Zip
Secretary Name: Alex Olivo	Treasurer Name
Street Address: 126 Edgeworth Ave	Street Address
City: Providence / State: RI / Zip: 02904	City / State / Zip

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

Director Name	Director Name
Wilson A. Soto	
Street Address: 241 Cottage ST.	Street Address: No other directors at
City: Woonsocket / State: RI / Zip: 02895	City / State / Zip: this time.
Director Name: Alex Olivo	Director Name
Street Address: 126 Edgeworth Ave.	Street Address
City: Providence / State: RI / Zip: 02904	City / State / Zip

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, duly Authorized Representative, Receiver or Trustee

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By:

FILED
AUG 03 2015
CR 254013

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.

20150803
Signature of Officer or Authorized Representative — Date

Alex Olivo
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014