



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 2013**

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>72486</b>		2. Exact name of the Corporation <b>Centro Cultural Andino, Inc.</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Non Profit Cultural organization to promote and preserve An</b>	
5. Principal office address		City	State Zip
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>			
President Name <b>Doris Blanchard</b>		Vice-President Name	
Street Address <b>79 Alvin St.</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City State Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City State Zip
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT</b>			
Director Name <b>Mercedes Bernal</b>		Director Name <b>Sylvia Bernal</b>	
Street Address <b>27 Cumberland</b>		Street Address <b>26 Vernon St.</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Director Name <b>Andrew Connolly</b>		Director Name	
Street Address <b>26 Vernon St.</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City State Zip
<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.			

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 2015  
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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 \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

12:23 pm  
**FILED**

AUG 06 2015

By **254242**

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]* 8/6/2015  
 Signature of Officer or Authorized Representative Date

**MM Doris Blanchard**  
 Print or Type Name of Officer or Authorized Representative