



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

"AMEDED"

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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. 000072486		2. Exact name of the Corporation Centro Cultural Andino, Inc.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO PROMOTE AND PRESERVE THE ANDEAN CULTURE BY BRINGING TOGETHER PEOPLE OF ANDEAN DESCENT	
5. Principal office address 26 VERNON ST		City PROVIDENCE	State RI
		Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name DORIS BLANCHARD		Vice-President Name MERCEDES BERNAL	
Street Address 179 ALVIN ST.		Street Address 27 CUMERFORD ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02903	
Secretary Name		Treasurer Name SYLVIA BERNAL	
Street Address		Street Address 26 VERNON ST	
City	State	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
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"/>			
Director Name MERCEDES BERNAL		Director Name SYLVIA BERNAL	
Street Address 27 CUMERFORD ST		Street Address 26 VERNON ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02903	
Director Name ANDREW CONNOLLY		Director Name ADRIANA VARGAS	
Street Address 26 VERNON ST		Street Address 13 HIGH ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903		Zip 02904	
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.			

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 AUG 31 AM 11:09

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
 By: _____

11:09 AM
FILED
 AUG 31 2015
 KM

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.

Sylvia Bernal 8/25/15
 Signature of Officer or Authorized Representative Date
SYLVIA BERNAL
 Print or Type Name of Officer or Authorized Representative



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

