



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 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.

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|---|--------------------|---|--------------------|
| 1. Entity ID No. <u>271934</u> | | 2. Exact name of the Corporation <u>Guatemalan Center of New England / Centro Guatemalteco de Nueva Inglaterra</u> | |
| 3. State of Incorporation <u>Rhode Island</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Non-profit organization whose mission is to disseminate the Guatemalan culture.</u> | |
| 5. Principal office address <u>563 Pleasant Valley Pkwy</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02908</u> | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/> | | | |
| President Name <u>Tiana Ochoa</u> | | Vice-President Name <u>Manin Lopez</u> | |
| Street Address <u>563 Pleasant Valley Pkwy</u> | | Street Address <u>19 Dussier St</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Providence</u> | State <u>RI</u> |
| Zip <u>02908</u> | | Zip <u>02909</u> | |
| Secretary Name <u>Rosemarie Quintana</u> | | Treasurer Name <u>Irma Bolanos</u> | |
| Street Address <u>199 New York Ave</u> | | Street Address <u>46 Tauro St</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Providence</u> | State <u>RI</u> |
| Zip <u>02905</u> | | Zip <u>02909</u> | |
| 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 <u>Lazaro Quizada</u> | | Director Name <u>Cesar Teo</u> | |
| Street Address <u>92 Crescent St</u> | | Street Address <u>49 Small St</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Providence</u> | State <u>RI</u> |
| Zip <u>02907</u> | | Zip <u>02908</u> | |
| Director Name <u>Guan Rosales</u> | | Director Name <u>Eduardo Morales</u> | |
| Street Address <u>199 New York Ave</u> | | Street Address <u>741 Elm Dale Ave</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Providence</u> | State <u>RI</u> |
| Zip <u>02905</u> | | Zip <u>02909</u> | |
| 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. | | | |

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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: _____
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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 of Officer or Authorized Representative: Tiana Ochoa
 Date: 2/4/16
 BY CA267002 Tiana Ochoa
 Print or Type Name of Officer or Authorized Representative