



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 138694		2. Exact name of the Corporation Olneyville Neigh Borhood Association, INC	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island NON-PROFIT - Domestic & Community Action	
5. Principal office address 122 MANTON AVE, UNIT 611, BOX 8		City Providence	State RI
		Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name SACRELINA G. ARTEAGA		Vice-President Name DOMING MORINO	
Street Address 83 FARMINGTON AVE		Street Address 51 SORRENTO ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Veronica MARTINES		Treasurer Name XINA ESTRADA	
Street Address 156 MANTON AVE		Street Address 115 ETHAN ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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 GASPAR D. ESPINOZA		Director Name ROSARIO PREN	
Street Address 83 FARMINGTON AVE		Street Address 22 WALNUT ST	
City Providence	State RI	City Central FALL	State RI
Zip 02909		Zip 02863	
Director Name EDUARDO Sandoval		Director Name JUANITO MORENO	
Street Address 66 APPLETON ST.		Street Address 51 SORRENTO ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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

FILED

FEB 16 2016

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.

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

8938986

Signature of Officer or Authorized Representative _____ Date 02/16/16

1:12

GASPAR D. ESPINOZA
 Print or Type Name of Officer or Authorized Representative