



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 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. 138694		2. Exact name of the Corporation Olneyville Neigh Borkhod 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 SACRELINE G. ARTEAGA			Vice-President Name DOMING MORINO		
Street Address 83 FARMINGTON AVE			Street Address 51 SORRENTO ST		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Veronica MARTINES			Treasurer Name XIMA ESTRADA		
Street Address 156 MANTON AVE			Street Address 115 ETHAN ST		
City Providence	State RI	Zip 02909	City Providence	State RI	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	Zip 02909	City Central FALL	State RI	Zip 02863
Director Name EDUARDO SANDOZA			Director Name JUANITO MORENO		
Street Address 66 APPLETON ST			Street Address 51 SORRENTO ST		
City Providence	State RI	Zip 02909	City Providence	State RI	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

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

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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.

Gaspar D. Espinoza 02/16/16
 Signature of Officer or Authorized Representative Date
 GASPAR D. ESPINOZA
 Print or Type Name of Officer or Authorized Representative