RI SOS Filing Number: 201699954140 Date: 06/07/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
000133244	ASOCIACION LIBRE MEXICANOS DE RHODE ISLAND
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	Celebrate and conmemorate the Mexican-Heritage in RI as Mexican independence day Virgen de Guadalupe Christmas

5. Principal Office Address	City	State	Zip
883 Lonsdale Ave: Apt #1	Central Falls	R.I.	02863

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Fermin Fuentes		Vice-President Name: Ovel Cortes	
Street Address: 883 Lonsdale Ave: Apt 1		Street Address: 12C clex st. Apt 1	
City: Central Falls	State: R.I. Zip: 02863	City: Pawtucket	State: R.I. Zip: 02860
Secretary Name: Cristina Falcon		Treasurer Name: Ivan Sanchez	
Street Address: 65 Lincoln Ave Apt. 1		Street Address: 202 Atwells Ave	
City: Central Falls	State: R.I. Zip: 02863	City: Providence	State: R.I. Zip: 02909

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Jose J. Isis		Director Name: Inacio Fuentes	
Street Address: 8 Sheridan St		Street Address: 21 Terrace St.	
City: Central Falls	State: R.I. Zip: 02863	City: Pawtucket	State: R.I. Zip: 02863
Director Name: Roberto Chaves		Director Name:	
Street Address: 49 Cranview Rd		Street Address:	
City: Pawtucket	State: R.I. Zip: 02860	City:	State: Zip:

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Fermin Fuentes	6/7/2016

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

Form No. 631
Revised: 2016

137776-1-1120369

FILED
JUN 07 2016
By 2160034
AA.