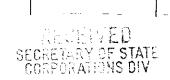


## State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



Non-Profit Corporation Annual Report for the year: 2016 JUN -7 AM 9: 33

Filing period: June 1 - June 30			<u></u>		ļ
Filing Fee: \$20.00 *FAILURE			\$25.00 PENALT	Y FEE.	
1. Entity ID Number	Exact name of the Corporation	n			
000133244	ASOCIACION LIBA	C MEKTAND DE	RHODE IS	LAND	
3. State of Incorporation	4. Brief description of the charac	ter of business conducted in Rho	ode Island		
R. J.	celebrate AND CO	NOEPENOCICE DAY	WEXICAN VIRGON DL	GUDALOA Cri	s mas
5. Principal Office Address		City	State	Zip	
	e Ne: APT HI	Central FAlls	R.T.	02863	
6. List ALL officers (names and a	ddresses)		to indicate an att	achment	
President Name Fermin	Fuentec	Vice-President Name OVC	Confe	LVA	
Street Address 883 Low		Street Address 12C c/a	cxst.	APT 1	
City Central FAUS	State B1. Zip 02863	city pa wfuc Ket	State R.(,	Zip 02860	
Secretary Name Cylstina	FNICON	Treasurer Name	SANCI	heZ_	
<u> </u>	CON DUE APT 1	Street Address 202 P	twello	DVe	
City Central Folls	State R. I. Zip 09863	City pro V DeNCC	State R_1.	Zip 2909	
7. List ALL directors (names and	addresses). RI Corporations MUS		the box to indicate	an attachment	
Director Name JoSe J.	15/15	Director Name	Fuer	tes	
Street Address 8 SHC	i DSNST	Street Address 21 fe)	ysce s	f:	
City Central Falls	State R 1. Zip 02867	City PAW to Clect	State R 1.	Zip 02863	
Director Name Roberto	Choves	Director Name			
Street Address 49 CRD		Street Address			
PAWTUCKet	State R L. Zip 028CU	City	State	Zip	
Registered Agent in Rhode Isla					
Under penalty of perjury, I deci- statements, and that all stateme	are and affirm that I have exami ents contained herein are true a	ned this report, including any and correct.	accompanying s	chedules and	
This report must be signed by either the Pro	· · · · · · · · · · · · · · · · · · ·	t Secretary, Treasurer, duly Authorized R	epresentative, Receive	r or Trustee.	
Name of Officer/Authorized Repre	sentative	<del>-</del>	Date		
Signature of Officer/Authorized Re	+ Ulitte>		16/11	2010	
Signature of Officer/Authorized Re	SIGN DOCU!	MENT HERE	, ,		
<del>/</del>			· · · · · · · · · · · · · · · · · · ·		

Form No. 631 Revised: 2016 FILED

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