RI SOS Filing Number: 201600995590 Date: 06/23/2016 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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 23 PM 3:41

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
472456	ASOCIACION SALVADOREÑO DE PROVIDENCE RI
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	this is a NONPROFIT corporation whose specifi. purpose is to provide servica and develue activities such as culture. Edu

5. Principal Office Address	City	State	Zip
142 CAMDEN AVE	PROVIDENCE	RI	02908

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

President Name: LUIS ALONSO VELASQUEZ			Vice-President Name: KAREN E. URIAS-		
Street Address: 142 CAMDEN AVE			Street Address: 40 FULLER ST		
City: PROV.	State: RI	Zip: 02908	City: SEEKON.	State: MA.	Zip: 02860
Secretary Name: JOSE H. BOS			Treasurer Name: INMAR TORRES		
Street Address: 142 CAMDEN AVE			Street Address: 170 TERRACE AVE		
City: PROV	State: RI	Zip: 02908	City: CRANSTON.	State: RI.	Zip: 029020

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
40
Check the box to indicate an attachment ☐

Director Name: MIGUEL TORRES			Director Name: MARIA-GUTIERRES		
Street Address: 40 FULLER ST			Street Address: 31 BEAD ST		
City: SEEKONK	State: MA.	Zip: 02860	City: PROV	State: RI	Zip: 02909
Director Name: CLAUDIA M TORRES			Director Name: RHINA E REYES		
Street Address: 170 TERRACE			Street Address: 31 BEAD ST		
City: CRANSTON	State: RI	Zip: 02920	City: PROV	State: RI	Zip: 02909

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
LUIS ALONSO VELASQUEZ	6/19/16

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

FILED
JUN 23 2016
BY 277439

Form No. 631
Revised: 2016

138550-3-1136585