



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

Non-Profit Corporation Annual Report for the year: 2016 2016 JUN 23 PM 3:41
 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	
972456		ASOCIACION-SALVADOREÑA 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 specific purposes is to provide services and develop activities such as culture, education	
5. Principal Office Address		City	State
142 CAMDEN AVE		PROVIDENCE	RI
		Zip	02908
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name	
LUIS ALONSO VELASQUEZ		KAREN E. URIAS-	
Street Address		Street Address	
142 CAMDEN AVE		40 FULLER ST	
City	State	City	State
PROV	RI	SEEKON	MA
Zip	02908	Zip	02860
Secretary Name		Treasurer Name	
JOSE H. BOS		INMAR TORRES	
Street Address		Street Address	
142 CAMDEN AVE		170 TERRACE AVE	
City	State	City	State
PROV	RI	CRANSTON	RI
Zip	02908	Zip	02902
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
40			
Director Name		Director Name	
MIGUEL TORRES		MARIA-GUTIERRES	
Street Address		Street Address	
40 FULLER ST		ST BEARD ST	
City	State	City	State
SEEKON	MA	PROV	RI
Zip	02860	Zip	02909
Director Name		Director Name	
CLAUDIA M-TORRES		RHINA E REYES	
Street Address		Street Address	
170 TERRACE		ST BEARD ST	
City	State	City	State
CRANSTON	RI	PROV	RI
Zip	02902	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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
LUIS ALONSO VELASQUEZ			6/19/16
Signature of Officer/Authorized Representative			
<i>[Signature]</i> SIGN DOCUMENT HERE			

FILED

JUN 23 2016

BY 6277439