



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000072486

2. Name of Corporation Centro Cultural Andino, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 26 VERNON STREET

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 26 VERNON ST

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO BRING TOGETHER PEOPLE OF ANDEAN AMERICAN DESCENT LIVING IN RI.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MERCEDES BERNAL	27 CUMERFORD ST PROVIDENCE, RI 02909 USA
TREASURER	SYLVIA BERNAL BERNAL	26 VERNON ST PROVIDENCE, RI 02903 USA
SECRETARY	ADRIANA VARGAS	13 HIGH ST

		PROVIDENCE, RI 02904 USA
DIRECTOR	MERCEDES BERNAL	27 CUMERFORD ST PROVIDENCE, RI 02909 USA
DIRECTOR	ADRIANA VARGAS	13 HIGH ST PROVIDENCE, RI 02904 USA
DIRECTOR	DORIS BLANCHARD	179 ALVIN ST PROVIDENCE, RI 02907 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SYLVIA M. BERNAL 26 VERNON STREET PROVIDENCE , RI 02903

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

Signed this 27 Day of June, 2016 at 10:13:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SYLVIA BERNAL
Signature of Authorized Person

Form No. 631
Revised 09/07

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