State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2016 JUL 15 PM 2:57 SECRETARY OF STATE BUSINESS SERVICES AND NOTARY PUBLIC

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
789768	Inter America Sports
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Youth Soccer Academy

5. Principal Office Address	City	State	Zip
27 chestnut St	Central Falls	RI	02863

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

President Name	Vice-President Name
MARCO OTERO	Gonzalo Regalado
Street Address: 27 Chestnut St	Street Address: 97 Chaplin St
City: Central Falls; State: RI; Zip: 02863	City: Pawtucket; State: RI; Zip: 02860
Secretary Name: Victoria Soria	**Treasurer Name:**
Street Address: 47 Butler Av	Street Address:
City: Central Falls; State: RI; Zip: 02863	City: ; State: ; Zip:

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

Director Name	Director Name
MARIO A OTERO	Gonzalo Regalado
Street Address: 27 Chestnut St	Street Address: 97 Chaplin St
City: Central Falls; State: RI; Zip: 02863	City: Pawtucket; State: RI; Zip: 02860
Director Name: Victoria Soria	**Director Name:**
Street Address: 47 Butler Av	Street Address:
City: Central Falls; State: RI; Zip: 02863	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
MARIO A OTERO	7-15-16

Signature of Officer/Authorized Representative: MARIO A OTERO SIGN DOCUMENT HERE

FILED

JUL 15 2016

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016