



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
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 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 77097		2. Exact name of the Corporation FRATERNIDAD FOLKLORICA BOLIVIANA INC	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island FOLKLORIC DANCING	
5. Principal office address 190 GLEN BRIDGE AV.		City PROVIDENCE	State R.I.
		Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name HUMBERTO VILLAGOMEZ		Vice-President Name TATIANA ROCABADO	
Street Address 190 Glenbridge Avenue		Street Address 285 S CLARENDON ST.	
City PROVIDENCE	State R.I.	City CRANSTON	State R.I.
Zip 02909		Zip 02910	
Secretary Name TANIA ARRIARAN		Treasurer Name ADRIANA AMPUERO	
Street Address 576 BUTTERNWOOD AV.		Street Address 16 ARCHT ST	
City WARWICK	State R.I.	City PROVIDENCE	State R.I.
Zip 02886		Zip 02907	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name JAMES MENDOZA		Director Name LAURA OREILIANA	
Street Address 32 FERNCREST BLVD		Street Address 50 FAIRMOUNT AV. J	
City NORTH PROVIDENCE	State R.I.	City JOHNSTON	State R.I.
Zip 02911		Zip 02919	
Director Name VICTOR AMPUERO		Director Name	
Street Address 16 ARCHT ST		Street Address	
City PROVIDENCE	State R.I.	City	State
Zip 02909		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

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.

12:54 pm

FILED

Signature of Officer or Authorized Representative

Date

11-07-2016

NOV 07 2016

Print or Type Name of Officer or Authorized Representative

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