



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.	Zip 02909	City CRAVSTON	State R.I.	Zip 02910
Secretary Name TANIA ARRIARAN			Treasurer Name ADRIANA AMPUERO		
Street Address 576 BUTTONWOOD AV.			Street Address 16 ARCHT ST		
City WARWICK	State R.I.	Zip 02886	City PROVIDENCE	State R.I.	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 OREJANA		
Street Address 32 FERNCREST BLVD			Street Address 50 FAIRMOUNT AV. J		
City NORTH PROVIDENCE	State R.I.	Zip 02911	City JOHNSTON	State R.I.	Zip 02979
Director Name VICTOR AMPUERO			Director Name		
Street Address 16 ARCHT ST			Street Address		
City PROVIDENCE	State R.I.	Zip 02909	City	State	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

Humberto Villagomez 11-07-2016
 Signature of Officer or Authorized Representative Date

RECEIVED
 NOV - 7 PM 12:51
 DEPT OF STATE
 BUS SERV DIV