



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation2016

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE  
 BUSINESS SERVICES DIV.

1. Entity ID Number <b>000157087</b>		2. Exact name of the Corporation <b>Rhode Island Bolivian American Association</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Cultural Awareness</b>	
5. Principal Office Address <b>P.O. Box 114329</b>		City <b>North Providence</b>	State <b>RI</b>
		Zip <b>02911</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Lesly Pineyro</b>		Vice-President Name <b>Bianca Rodriguez</b>	
Street Address <b>9 Kristen Dr.</b>		Street Address <b>74 Sawyer St.</b>	
City <b>N. Prov.</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02907</b>	
Secretary Name <b>Luis Rodriguez</b>		Treasurer Name <b>Nancy Rodriguez</b>	
Street Address <b>17 Governor St.</b>		Street Address <b>89 Shuman Pike St</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Scituate</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02867</b>	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Carlos Pineyro</b>		Director Name <b>Daniel Sanchez</b>	
Street Address <b>9 Kristen Dr.</b>		Street Address <b>79 Gaudet St</b>	
City <b>N. Prov</b>	State <b>RI</b>	City <b>N. Prov</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02911</b>	
Director Name <b>Nina Pineyro</b>		Director Name <b>Nina Pineyro</b>	
Street Address <b>9 Kristen Dr.</b>		Street Address <b>9 Kristen Dr.</b>	
City <b>N. Prov.</b>	State <b>RI</b>	City <b>N. Prov.</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02911</b>	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Lesly Pineyro</b>			Date <b>4/4/17</b>
Signature of Officer/Authorized Representative <i>Lesly Pineyro</i>			<b>FILED</b>

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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FORM 631 - Revised: 02/2017

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