



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 JUN 28 PM 3:00

1. Entity ID Number 161875		2. Exact name of the Corporation Providence Hispanic Softball Alliance	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island. TO form a UNITY The Principal Hispanic Softball organization. TO ENSURE uniformity and stablish Regulation and order The Softball League	
4. NAICS Code 813990			
6. Principal Office Address 84 Oxford ST		City Providence	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jaime Peguero		Vice-President Name Clemente Carter	
Street Address 95 Hamlin ST		Street Address 39 Clematis ST	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02908	
Secretary Name Wiston Peña		Treasurer Name	
Street Address 863 Broad ST		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ruddy Estrella		Director Name Ramon A. Gonzalez	
Street Address 189 Althea ST		Street Address 214 Sackett ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02907	
Director Name Clemente Carter		Director Name	
Street Address 39 Clematis ST		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
9. 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 Jaime Peguero			Date 6-28-17
Signature of Officer/Authorized Representative <i>Jaime Peguero</i>			FILED
			3:02

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

BY **C16997638**