RI SOS Filing Number: 201747334560 Date: 7/13/2017 4:00:00 PM

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

Annual Report for the year: 2017
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.

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1. Entity ID Number	2. Exact name of the Corporation
793424	ASOCIACION HONDUREÑA DE RHODE ISLAND
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: THIS IS A NON PROFIT CORPORATIONS ESPECIFIC PURPOSE IS TO PROVIDE SERVICE AND DEVELOPE SOCIAL AND CULTURAL EDUCATION, BUILDING, INFRASTRUCTURES, MENTAL SUPORT ETC.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
885 Atwells AVE.	PROVIDENCE	RI	02909

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

President Name	Vice-President Name
EDY Jeovanny GIRON	ALVARO GIRON
Street Address: 885 Atwells AVE.	Street Address: 885 Atwells AVE.
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909
Secretary Name	**Treasurer Name**
REYNA GARCIA	NOLVIA MALDONADO
Street Address: 347 ACADEMY AVE.	Street Address: 94 Nye St.
City: PROVIDENCE State: RI Zip: 02908	City: New Bedford State: MA. Zip: 02746

8. 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
EDY GIRON	REYNA GARCIA
Street Address: 885 Atwells AVE.	Street Address: 347 ACADEMY AVE
City: PROVIDENCE State: RI Zip: 02909	City: PROVIDENCE State: RI Zip: 02908
Director Name	**Director Name**
ALVARO GIRON	NOLVIA MALDONADO
Street Address: 885 ATwells AVE.	Street Address: 94 Nye st.
City: Providence State: RI Zip: 02909	City: New Bedford State: MA. Zip: 02746

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	Date
EDY GIRON	07-14-2017.

Signature of Officer/Authorized Representative: EDY GIRON

FILED
JUL 13 2017
BY 308163

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: 06/2017