



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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BUS SVCS DIV
2017 JUL 28 AM 9:34

1. Entity ID Number 153034		2. Exact name of the Corporation Asociacion Ecuatoriana De Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Help strengthen and unite the Community			
4. NAICS Code 813319 - Other Social Advocac					
6. Principal Office Address 18 Birch St.		City East Providence		State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carolina Briones			Vice-President Name none		
Street Address 18 Birch St.			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Piedad Aleman			Treasurer Name Julio Regalado		
Street Address 119 Alverson Ave.			Street Address 26 River St.		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
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 Jaime Salinas			Director Name Bruno Sukys		
Street Address 160 Harold St.			Street Address 12 Preston Ave.		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02920
Director Name Ericka Moore			Director Name		
Street Address 79 Andem St.			Street Address		
City Providence	State RI	Zip 02908	City	State	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 Carolina Briones				Date 7/27/2017	
Signature of Officer/Authorized Representative <i>Carolina Briones</i>				FILED JUL 28 2017 BY 369202	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov