



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

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:

Non-Profit Corporation

2017

2018 MAY -3 PM 12:13

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

1. Entity ID Number 117053		2. Exact name of the Corporation LIGA GUATEMALTECA DE FUTBOL DE R.I. GUATEMALA SOCCER LEAGUE OF R.I.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island ORGANIZE SOCCER AND PROMOTE TOURNAMENTS FOR THE COMMUNITY IN RHODE ISLAND	
4. NAICS Code 611020			
6. Principal Office Address 283 MANTON AVE.		City PROVIDENCE	State RI Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name ABELARDO HERNANDEZ		Vice-President Name JUAN FRANCISCO MARTINEZ	
Street Address 283 MANTON AVE.		Street Address 283 MANTON AVE.	
City PROVIDENCE	State RI Zip 02909	City PROVIDENCE	State RI Zip 02909
Secretary Name MARYBEL MARTINEZ		Treasurer Name	
Street Address 283 MANTON AVE.		Street Address	
City PROVIDENCE	State RI Zip 02909	City	State Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name ABELARDO HERNANDEZ		Director Name JUAN FRANCISCO MARTINEZ	
Street Address 283 MANTON AVE.		Street Address 283 MANTON AVE.	
City PROVIDENCE	State RI Zip 02909	City PROVIDENCE	State RI Zip 02909
Director Name MARYBEL MARTINEZ		Director Name	
Street Address 283 MANTON AVE.		Street Address	
City PROVIDENCE	State RI Zip 02909	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 ABELARDO HERNANDEZ		Date 5-3-2018	
Signature of Officer/Authorized Representative <i>Abelardo Hernandez</i>		SIGN DOCUMENT HERE MAY 03 2018 329849 A.A. 12:15 P.M.	