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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY -3 PM 12: 13

Annual Report for the year: 2016
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.

1. Entity ID Number	2. Exact name of the Corporation
117053	LIGA GUATEMALTECA DE FUTBOL DE R.I. GUATEMA 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: 611620	

6. Principal Office Address	City	State	Zip
283 MANTON AVE.	PROVIDENCE	RI	02909

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

President Name	Vice-President Name
ABELARDO HERNANDEZ	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	Director Name
ABELARDO HERNANDEZ	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	Date
ABELARDO HERNANDEZ	5-3-2018

Signature of Officer/Authorized Representative: Abelardo Hernandez (SIGN DOCUMENT HERE)

FILED
MAY 03 2018
BY 329899
A.A. 12:14 PM

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