



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

Annual Report for the year: 2018
 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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JUN 27 AM 9:27

1. Entity ID Number 94874		2. Exact name of the Corporation MEXICAN SOCCER LEAGUE	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SPORT OF	
4. NAICS Code 713990		FOR THE SOCCER	
6. Principal Office Address 161 FAIRVIEW ST		City PROVIDENCE	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LORENZO NUNEZ		Vice-President Name RAYMUNDO NUNEZ	
Street Address 161 FAIRVIEW ST		Street Address 161 FAIRVIEW ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02908	
Secretary Name MARIA E NUNEZ		Treasurer Name JUAN NUNEZ	
Street Address 161 FAIRVIEW ST		Street Address 161 FAIRVIEW ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		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 LORENZO NUNEZ		Director Name RAYMUNDO NUNEZ	
Street Address 161 FAIRVIEW ST		Street Address 161 FAIRVIEW ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02908	
Director Name MARIA E NUNEZ		Director Name JUAN NUNEZ	
Street Address 161 FAIRVIEW ST		Street Address 161 FAIRVIEW ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02908	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Lorenzo Nunez			Date 6/27/18
Signature of Officer/Authorized Representative Lorenzo Nunez			

FILED

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

JUN 27 2018
 333644 AA.
 BY _____ FORM 631 - Revised: 11/2017