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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUL 17 PM 2:27



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.

1. Entity ID Number 000 157 087		2. Exact name of the Corporation Rhode Island Bolivian American Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Cultural awareness			
4. NAICS Code 813319					
6. Principal Office Address P.O. Box 114 329			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lesly Pineyro			Vice-President Name Carlos Pineyro		
Street Address 9 Kristen Dr.			Street Address 9 Kristen Dr.		
City N. Prov.	State RI	Zip 02911	City N. Prov.	State RI	Zip 02911
Secretary Name Nina Pineyro			Treasurer Name		
Street Address 9 Kristen Dr.			Street Address		
City N. Prov.	State RI	Zip 02911	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 <input type="checkbox"/>					
Director Name Carlos Pineyro			Director Name Bianca Rodriguez		
Street Address 9 Kristen Dr.			Street Address 74 Sawyer St.		
City N. Prov.	State RI	Zip 02911	City Prov.	State RI	Zip 02907
Director Name Luis Rodriguez			Director Name		
Street Address 17 Governor St.			Street Address		
City Cranston	State RI	Zip 02920	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Lesly Pineyro					Date 7/17/18
Signature of Officer/Authorized Representative <i>Lesly Pineyro</i>					

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

FILED
 SIGN DOCUMENT HERE
JUL 17 2018
BY [Signature] **335066**