



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

Annual Report for the year:

Non-Profit Corporation

2019

→ 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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SECRETARY OF STATE
CORPORATIONS DIV

2019 APR 12 PM 1:07

1. Entity ID Number 000950896		2. Exact name of the Corporation ASOCIACIÓN ARGENTINA DE RHODE ISLAND	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CULTURAL ACTIVITIES PROMOTING ARGENTINEAN CULTURE IN RI	
4. NAICS Code 813410			
6. Principal Office Address 100 KNIGHT ST #2		City PROVIDENCE	State RI Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANALIA ALCOLEA		Vice-President Name PAOLA FERNANDEZ	
Street Address 100 KNIGHT ST #2		Street Address 47 DEKALB ST	
City PROVIDENCE	State RI Zip 02909	City CRANSTON	State RI Zip 02910
Secretary Name SERGIO ANDREONI		Treasurer Name ALAN ALBERTO	
Street Address 218 18 SACHEM ST		Street Address 150 GENTIAN AVE	
City PAWTUCKET	State RI Zip 02861	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 SUSANA FONSECA		Director Name MAFIMO POOL	
Street Address 47 DEKALB ST		Street Address 144 DIAMOND HILL RD.	
City CRANSTON	State RI Zip 02910	City WARWICK	State RI Zip 02886
Director Name LAURA RAIA		Director Name	
Street Address 52 ROWE AVE		Street Address	
City PAWTUCKET	State RI Zip 02861	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 ANALIA ALCOLEA		Date 4.12.19	
Signature of Officer/Authorized Representative 		APR 12 2019	

MAIL TO:
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Website: www.sos.ri.gov

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