



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 APR 24 PM 3:59

1. Entity ID Number 001671244		2. Exact name of the Corporation Asociacion de Srao Rdauez Residentes en RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to help and support our community	
4. NAICS Code 813110			
6. Principal Office Address 515 Calla St		City Providence	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Juan Reyes		Vice-President Name Yaqeline Nunez	
Street Address 515 Calla St		Street Address 202 Wentworth Ave	
City Providence	State RI	City Cranston	State RI
Zip 02905		Zip 02905	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Jose Blas Duran		Director Name Luz M Baurdierd	
Street Address 76 Stadden ST		Street Address 36 Delmor ST	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name Jose Carresco		Director Name	
Street Address 40 Forraout Ave		Street Address	
City Providence	State RI	City	State
Zip 02905		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 Julio Alcantara			Date 4-24-19
Signature of Officer/Authorized Representative 			

FILED

APR 24 2019 **\$0.00**

BY CN YFTWX