



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

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.

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 Yaqueline Nunez		
Street Address 515 Calla St			Street Address 202 Wentworth Ave		
City Providence	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 Jose Blas Duran			Director Name Luz M Baurdiard		
Street Address 76 Stadden ST			Street Address 36 Delmor ST		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Jose Carasco			Director Name		
Street Address 40 Forraout Ave			Street Address		
City Providence	State RI	Zip 02905	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.					
<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 Julio Alcantara					Date 4-24-19
Signature of Officer/Authorized Representative 					

FILED

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

APR 24 2019 \$0.00

BY CN YFTWX