

Amended



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 03362 2. Name of Corporation CLUB JUAN PABLO DUARTE 3. State of Incorporation R.I. 4. Corporate address in Rhode Island - Street Address 100 NIAGARA ST PROV City PROV State RI Zip RI 02907 5. Foreign corporation Enter principal office address 181 EARLY ST City PROV State RI Zip 02907 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS

President Name EMELENCIO TORIBIO Vice President Name MINERVA ROSARIO Street Address 181 EARLY ST Street Address 1417 Chalkstone Ave City PROV State RI Zip 02907 City Providence State RI Zip 02909 Secretary Name Marisol Colon Treasurer Name MARIO M. CAPELLAN Street Address 65 Borinquen St 2nd Floor Street Address 93 WISCONSIN ST City PROV State RI Zip 02905 City PROVIDENCE State RI Zip 02908

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name DANCIS ROSAS Director Name MARIO M. CAPELLAN Street Address C.F. R.I. Street Address MARIO M. CAPELLAN City PROV State RI Zip 02863 City Providence State RI Zip 02907 Director Name GERMEN DE LA CRUZ Director Name Street Address 362 Public St 02905 City PROV State RI Zip 02905 City Providence State RI Zip

9. REGISTERED AGENT IN RHODE ISLAND DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 Agent Name T-vette felix Address 130 Salina St City PROV State RI Zip 02908

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAR 05 2003

By AMF

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.

Emencio Toribi Signature of Officer Date EMELENCIO TORIBIO Print or Type Name of Officer President Title of Officer

File Date _____ Check No _____ By _____ FOR SECRETARY OF STATE USE ONLY