STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence RI 02903-1335
(401) 222-3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
138694	OLNEYVILLE NEIGHBORHOOD ASSOCIATION		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	14 OLNEYVILLE SQ	PROVIDENCE	02909
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

EDUCATION/ NEIGHBORHOOD ORGANIZING

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

President Name	Vice President Name
LIANDRA MARTINEZ	ALEXANDRIA C MARRO
Street Address: 18 DESOTO ST	Street Address: 14 OLNEYVILLE SQ
City: PROVIDENCE State: RI Zip: 02909	City: PROVIDENCE State: RI Zip: 02909
Secretary Name	**Treasurer Name**
NORMAN OSPINA	ALVARO MORALES
Street Address:	Street Address: 82 APPLETON ST
City: State: Zip:	City: PROVIDENCE State: RI Zip: 02909

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	Director Name
LIANDRA MARTINEZ	ALEXANDRIA C MARRO
Street Address: 18 DESOTO ST	Street Address: 14 OLNEYVILLE SQ
City: PROVIDENCE State: RI Zip: 02909	City: PROVIDENCE State: RI Zip: 02909
Director Name	**Director Name**
NORMAN OSPINA	ALVARO MORALES
Street Address:	Street Address: 82 APPLETON ST
City: State: Zip:	City: PROVIDENCE State: RI Zip: 02909

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	Address
Address	City Zip

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

[redacted] [redacted]

FILED

File Date OCT 11 2005

Check No.

By By M79325

FOR SECRETARY OF STATE USE ONLY 004

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.

ALEXANDRIA C MARRO
Signature of Officer *Date*

ALEXANDRIA C MARRO
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

[redacted]

Form 631 Rev. 01/03