



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 133244		2. Exact name of the Corporation ASOCIACION Libre MEXICANA DE RHODE ISLAND	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Celebrating Independence of MEXICO Celebrating Virgin Mary Celebrating Christmas	
4. NAICS Code 711310			
6. Principal Office Address 883 Lonsdale AVE APT 1		City Central Falls	State R.I.
		Zip 02863	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Fermin Fuentes		Vice-President Name Nestor Benitez	
Street Address 883 Lonsdale Ave. APT 1		Street Address 222 Barton St.	
City Central Falls	State R.I.	City Pawtucket	State R.I.
Zip 02863		Zip 02860	
Secretary Name Cristina Falcon		Treasurer Name Abel Godinez	
Street Address 62 BALMONT ST		Street Address LINCOLN AVE.	
City Pawtucket	State R.I.	City Central Falls	State R.I.
Zip 02860		Zip 02863	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name JOSE J ISLAS		Director Name INACIO Fuentes	
Street Address 8 Sheridan St		Street Address 21 Terrace St	
City Central Falls	State R.I.	City Pawtucket	State R.I.
Zip 02863		Zip 02860	
Director Name Roberto Chaves		Director Name	
Street Address 49 GRAND VIEW RD		Street Address	
City Pawtucket	State R.I.	City	State
Zip 02860		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Fermin Fuentes			Date 6/7/21
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-6615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 07 2021

BY

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A.A. 10:00 AM

FORM 631 - Revised: 08/2020