RI SOS Filing Number: 202198227850 Date: 6/11/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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 FOR A SAME R.I. DEPT. OF STATE BUS SVCS DIV

2021 JUN 11 P 3: 20

1. Entity ID Number	2. Exact name of	the Corporation	01.00	7	, ,
1703799	11/0//11/	Mento	Vente Castal	sepresen	anes a
3 State of Incorporation	5. Brief description	on of the character	of business conducted in Rhode Isi	land (C) St	OIR
PURTO ICICO	Dol:	a N .C	Copsation		
4. NAICS Code	1 ACM	gais	copiano		
5 Descinal Office Address (C. 6. 6		000 V	la:	Т.:.	1_:
6. Principal Office Address CCCS	selesa	932 km.	City Lincon, Guraho	State P. D	Zip 7778
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President/Name			Vice-President Name		
Street Address			Street Address		
HCOJ ROX 19.	37 5	r			
city Gutabo	State 2.	(プラチネタ	City	State	Zip
Secretary Name Jose Varaas Escabas			Treasurer Name		
Street Address - La Danización Parque Parque Parque Parque			Street Address Calle Posaflores #20 0-20		
city Carpling	State P.R.	210 00987	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					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	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 Repre	·			Date	
Signature of Officer/Authorized Representative					
			CH EN		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 1 1 2021 3.00