RI SOS Filing Number: 202331945900 Date: 3/29/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Non-Profit Corporation

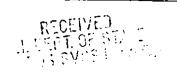
2023

Filing period: February 1 - May 1

→ Filing Fee: \$20.00

Phone: (401) 222-3040 Website: www.sos.ri.gov

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.



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Entity ID Number 2. Exact name of the Corporation	
94874 MEXICAN SOCCER LEAGUE	
	of business conducted in Rhode Island
RI	
4. NAICS Code	
713990 FOR THE	506668
6. Principal Office Address	City State Zip
161 FAIRVIEW ST	PROVIDENCE RI 02908
7. List ALL officers (names and addresses)  President Name (	Check the box to indicate an attachment
LOKENZO NUNEZ	Vice-President Name RAYMUNDO NUNEZ
Street Address   6   FAIRVIEW 57	Street Address   161 TAIRVIEW ST
City PROVIDENCE State RI Zip 02908	City PROVIDENCE State RI Zip 62908
Secretary Name MARIA E NUNEZ	Treasurer Name TIDAI A/IN/Z-7
Street Address 61 FAIRVIEW 5 T	Street Address 161 FAIRVIEW ST
City PROVIDENCE State RI Zip 02408	City O a series of State of St
8. List ALL directors (names and addresses). RI Corporations MUST list	1KUVIVENIE
Check the box to indicate an attachment	
Director Name LORENZO NUNEZ	Director Name RAY MUNDO NUIVEZ
Street Address 161 FAIRVIEW 5 T	Street Address   (a) TAIR M. F.)a/ 57
City PROVIDENLE State RI Zip 62908	City DROVIDEN / D State RT Zip 12994
Director Name MARIA & Almiez	Director Name TION NUMBER
Street Address // +//// // -/ // -/	Street Address 1 / 1 + 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
City PROVIDENCE State R I Zip 12968	City DOAVED FAIR VIEW ST
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	
omornos, and that an 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	
LORENZO NUNEZ	Date 3 /29/23
Signature of Officer/Authorized Representative FILED	
Journe Journe	-MAD
	WAX 2 2 2 / 1 / 1
MAIL TO: Division of Business Services	