



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <u>000157087</u>		2. Exact name of the Corporation <u>Rhode Island Bolivian-American Association</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To educate the community in the cultivation and preservation of the art and culture of those of Bolivian Heritage organized under 501(c)3</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>P.O. Box 114 329</u>		City <u>North Providence</u>	State <u>RI</u>
		Zip <u>02911</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Lesly Pineyro</u>		Vice-President Name <u>Fatima Muriel</u>	
Street Address <u>50 Crest Dr.</u>		Street Address <u>375 River Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02921</u>		Zip <u>02908</u>	
Secretary Name <u>Nina Pineyro</u>		Treasurer Name <u>Janet Gauch CPA, LLP</u>	
Street Address <u>50 Crest Dr.</u>		Street Address <u>469 Centerville Rd #203</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02921</u>		Zip <u>02886</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Helen Dellgarte</u>		Director Name <u>Nina Pineyro</u>	
Street Address <u>12 Susan Circle</u>		Street Address <u>50 Crest Dr</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02921</u>	
Director Name <u>Carlos Pineyro</u>		Director Name	
Street Address <u>50 Crest Dr.</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	City	State
Zip <u>02921</u>		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 <u>Lesly Pineyro</u>			Date <u>08/04/2023</u>
Signature of Officer/Authorized Representative <u>Lesly Pineyro</u>			

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MAIL TO:
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