



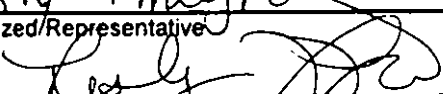
State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year: 2023  
Non-Profit Corporation

2023 AUG -4 P 2:43

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

1. Entity ID Number <b>000 157 087</b>		2. Exact name of the Corporation <b>Rhode Island Bolivian-American Association</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To educate the community in the cultivation and preservation of the art and culture of those of Bolivian Heritage organized under 501(c)3</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>P.O. Box 114 329</b>		City <b>North Providence</b>	State <b>RI</b>
		Zip <b>02911</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Lesly Pineyro</b>		Vice-President Name <b>Fatima Muriel</b>	
Street Address <b>50 Crest Dr.</b>		Street Address <b>375 River Ave</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02908</b>	
Secretary Name <b>Nina Pineyro</b>		Treasurer Name <b>Janet Gauch PPA, LLP</b>	
Street Address <b>50 Crest Dr.</b>		Street Address <b>469 Centerville Rd #203</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02886</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Helen Dellgarte</b>		Director Name <b>Nina Pineyro</b>	
Street Address <b>12 Susan Circle</b>		Street Address <b>50 Crest Dr</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02921</b>	
Director Name <b>Carlos Pineyro</b>		Director Name	
Street Address <b>50 Crest Dr.</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
Zip <b>02921</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Lesly Pineyro</b>			Date <b>08/04/2023</b>
Signature of Officer/Authorized Representative 			<b>FILED 243</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**AUG 04 2023**  
**BY INT21**