



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

REC'D RIDOS BSD
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1. Entity ID Number <u>001691528</u>		2. Exact name of the Corporation <u>F.F.C.C. Universitarios San Simon Sucre Filial RI</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To maintain and educate folkloric traditions through music + dance as well as keeping children + young adults active and off the streets.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>50 Crest Dr.</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02921</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Carlos Pineyro</u>		Vice-President Name <u>Julie Balbinotti</u>	
Street Address <u>50 Crest Dr.</u>		Street Address <u>103 E. Wynn St</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	
Secretary Name <u>Marian Gonzalez</u>		Treasurer Name <u>Sharon Martinez</u>	
Street Address <u>14 Groton St. #2</u>		Street Address <u>142 Oxford St</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</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>Jorge Zabala</u>		Director Name <u>Marian Gonzalez</u>	
Street Address <u>191 Hunts Ave Apt 2</u>		Street Address <u>14 Groton St. #2</u>	
City <u>Provt.</u>	State <u>RI</u>	Zip <u>02861</u>	
Director Name <u>Charon Martinez</u>		Director Name	
Street Address <u>142 Oxford St.</u>		Street Address	
City <u>Prov.</u>	State <u>RI</u>	Zip <u>02905</u>	
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>Carlos Pineyro</u>			Date <u>04/01/2024</u>
Signature of Officer/Authorized Representative 			

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

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FORM 631- Revised: 04/2023