RIS	05 F	filing Number: 202450197970	Date: 4/5/2024 4:00:00 PM	
State Depa	REC'D			
Annual Report Non-Profit Co	RIDOS S AMOS			
<ul> <li>→ Filing period: February 1 - May 1</li> <li>→ Filing Fee: \$20.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by May 31.</li> </ul>				8SD 38:29
1. Entity ID Num	er	2. Exact name of the Corporat	ion	

→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.								
1. Entity ID Number	2. Exact name of	the Corporation								
94874	MEXIC	AN SOC	CER / EAGL	)Ĕ	_					
3. State of Incorporation	5. Brief description	on of the character	of business conducted in	Rhode Isla	and					
RI										
4. NAICS Code	1		^							
713990	FOR	THE	SOLLER							
6. Principal Office Address			City		State	Zip				
161 FAIRVIEW	57		PROYIDENCE		RI	02408				
7. List ALL officers (names and addresses)  Check the box to indicate an attachment										
President Name LORENZO	NUNEZ	Vice-President Name RAYMUNDO NUNEZ								
Street Address   61 FAIRVIA	5W	ST	Street Address	AIRVIE		-				
City PROVIDENCE	State R D	Zip 12408	City PROVIDEN	LE	State R J	Zip 2408				
Secretary Name MARIA	E NUNE	2	Treasurer Name JUA	N	NUNEZ					
Street Address		Street Address	FAIR	VIEW	57					
CITY PROVIDENCE	State R I	zip 02408	City PROVIDEN	LE	State RI	Zip 2408				
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment										
Director Name LORENZO	NUNE	Director Name RAYMONDO NUNEZ								
Street Address		くて	Street Address		VIEN	ζ τ				
City On AND NOTE	State 77 T	zip 6240 8	City DO ALL DOWN	12	State n 7	Ziph?A6K				
Director Name NA OLA D	Abort 7	Director Name TIAN NUNEZ								
MARIA E	NUNEZ	Director Ivanie JUAN	<u>IV</u>	UNEL						
Street Address     FAIRVI	Street Address 161 FAINNEW 57									
CITY PROVIDENCE	State A I	Zip/974/14	City PROVIDEN (		State RI	Zip 024 18				
9. The Registered Agent informatio	n of record with th	e RI Department o			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 Repres	entative LL				Date 4   5	124				
Signature of Officer/Authorized Rep	resentative		FILES		<u> </u>	- 1				
Journey (hunly APR 0 5 2024										
MAIL TO:	7 <u> </u>	Ah.	א ט ט גטגיי							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov