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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.

1. Entity ID Number: 153034	2. Exact name of the Corporation: Asociación Ecuatoriana de Rhode Island
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Help strengthe community.
4. NAICS Code: 813319	

6. Principal Office Address: 67 Ellison St.	City: Cranston	State: RI	Zip: 02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Carolina C. Briones		Vice-President Name: Jaime Murillo	
Street Address: 67 Ellison St		Street Address: 423 River Ave.	
City: Cranston	State: RI Zip: 02920	City: Providence	State: RI Zip: 02908
Secretary Name: Piedad Alemán		Treasurer Name: Claudia Murillo	
Street Address: 119 Alverson Ave		Street Address: 423 River Ave	
City: Providence	State: RI Zip: 02909	City: Providence	State: RI Zip: 02908

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Bruno Sukys		Director Name: Ericka Moore	
Street Address: 12 Preston Ave		Street Address: 159 Vermont Ave.	
City: Cranston	State: RI Zip: 02920	City: Providence	State: RI Zip: 02905
Director Name: Juan Moore		Director Name:	
Street Address: 159 Vermont Ave.		Street Address:	
City: Providence	State: RI Zip: 02905	City:	State: 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: Carolina C. Briones
Date: 08-14-2024

Signature of Officer/Authorized Representative: Carolina C Briones

FILED
AUG 14 2024
BY VSM78
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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

FORM 631 - Revised: 04/2023