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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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: 000133244	2. Exact name of the Corporation: ASOCIACION LIBRE MEXICANA DE RHODE ISLAND.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO CELEBRATE THE DAY OF OUR INDEPENDENCE TO CELEBR CHRISTMAS PARTIES, TO COMMEMORATE THE MOTHER'S DAY AND THE DAY OF VIRGIN OF GUADALUPE, TO PERFORM SPORTS TOURNAMENTS TITLE 7-6
4. NAICS Code: 71810	

6. Principal Office Address	City	State	Zip
883 LONSDALE AVE	CENTRAL FALLS	RI	02863

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

President Name: FERMIN FUENTES			Vice-President Name: JOSE J. ISLAS		
Street Address: 883 LONSDALE AVE. APT. 1			Street Address: 8 SHERIDAN AVENUE APT.1		
City: CENTRAL FALLS	State: RI	Zip: 02863	City: CENTRAL FALLS	State: RI	Zip: 02863
Secretary Name: ROBERTO CHAVES			Treasurer Name: Pablo Godines		
Street Address: 49 GRAND AVE.			Street Address: 223 BARTON ST.		
City: PAWTUCKET	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860

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

Director Name: CHRISTINA FALCON			Director Name: NESTOR BENITES		
Street Address: 62 BELMONT ST.			Street Address: 222 BARTON ST.		
City: PAWTUCKET	State: RI	Zip: 02860	City: PAWTUCKET	State: RI	Zip: 02860
Director Name: INACIO ~~SOURCES~~ Fuentes			Director Name: JUAN C. CHARREZ		
Street Address: 21 TERRACE AVE.			Street Address: 85 COWDEN ST.		
City: PAWTUCKET	State: RI	Zip: 02860	City: CENTRAL FALLS	State: RI	Zip: 02863

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: FERMIN Fuentes — Date: 10/9/24

Signature of Officer/Authorized Representative:

FILED

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