

REC'D RIDOS BSD  
24 OCT 10 AM 11:22:27



State of Rhode Island  
Department of State - Business Services Division

TAMP

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 <b>000117053</b>	2. Exact name of the Corporation <b>Liga Guatemalteca De Futbol de RI., Guatemala Soccer League of RI. (GSL)</b>				
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>To support and encourage the development of soccer skills for each individual.</b>				
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>48 Seamans St.</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</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>Juan Francisco Martinez</b>		Vice-President Name <b>Marybel P Martinez</b>			
Street Address <b>46 Seamans St.</b>		Street Address <b>48 Seamans St.</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Maria E. Hernandez</b>		Treasurer Name			
Street Address <b>46 Seamans St.</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jonathan Martinez</b>		Director Name <b>Leonardo Hernandez</b>			
Street Address <b>48 Seamans St.</b>		Street Address <b>46 Seamans St.</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Juan Francisco Martinez</b>		Director Name <b>Marybel P. Martinez</b>			
Street Address <b>46 Seamans St.</b>		Street Address <b>48 Seamans St.</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
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>Marybel P. Martinez</b>				Date <b>10/9/24</b>	
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

OCT 10 2024

11:23

BY YBFJg