

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 401.222.3

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

* The property for \$15.00.

to a penalty fee of \$25.00.									
1. Corporate 1D No. 000152046	2. Nume of Corporation HISPANI	C Minis-Re	ras A	ssociatio	a of the	de Island inc			
3. State of Incorporation		wport al	16		Pawticket	02861			
5. Foreign corporation. Enter prin	City		State	Zi p					
6. Brief Description of the character	of the affairs which are act	ually conducted in Rhode Isla	ınd		- 1	•			
TO Preach the Gospei of Jusus Christ.									
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS									
President Name Eliseo Nogueras			Vice President Ni Rey	naldo	Guerra				
Street Address BIEGENECK HILL RI			Street Address BAX - 27282						
Lincoln	State 12.1	02865	7	lence	State 7	OZ 907			
Secretary Name SGN tOS ESCOBAT			Preasurer Name Edward Menulz						
Street Address Chans	ton st		Street Address	pric C	3. }				
CHU PIDUI LIN CE 8. NAMES AND ADDRESSES	State T. OF THE DIRECTOR	Z\$\\ 07907 S: CX" BOX FOR ATTAC	P(OU\d HMENT) FII	UN CL L IN SPACES BI	State 72 1 SFORE USING ATTACH	Zip OZ 9 08 IMENTS			
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION	V SHALL NOT B	E LESS THAN THREE	(3). R.I.G.L. 7-6-23			
Director Name MYNOR Vargas			Director Name 15 (ae) mlicedes						
38 Chaffe St			Street Address Comunadore St						
Providence	State C	02909	Provide	nce	State 12 1	^{ZII} D Z 9 0 Y			
	drigue 3		Director Name			, , , , , , , , , , , , , , , , , , ,			
Street Address	29564 State		Street Address						
City POULLACE REGISTERED AGENT IN	State 17_ RHODE ISLAND - DO	Zip DZGOG NOT ALTER - Chang	City es require fil	ing of Form 64	State 1 R.I.G.L. 7:6:13 / 7:	<i>Zip</i> -6-78			
A CONTROL OF THE CONT			Address BLEGK DREWHITE KO						
Address			gio, ELACOLV		078	65			
This report must	be signed by titler u	e President, Vice President							

	FIL	ED		
File Date Check No.	SEP 2	6 2008	•	
Ву:	By /t	53°	+	
FOR SI	CRETARY OF	STATE USE	ONLY	11 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and	
statements contained herein are true and correct.	***************************************
Signature of Officer	Date
Eliseo Poqueras	
Print or Type Name of Officer	
President.	

Title of Officer