



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 132185		2. Exact name of the Corporation Abundant Life United Methodist church.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Hispanic church - Non-Profit	
5. Principal office address 689 Cranston St		City Providence	State RI
		Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)			
President Name Dev. Santos N. Escobar		Vice President Name Alfredo Contreras	
Street Address 93 Home Ave.		Street Address 126 Cleveland	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02909	
Secretary Name Marlin Rosales.		Treasurer Name Alba Landaverde.	
Street Address 88 Merino St		Street Address 217 Pleasant St	
City Providence	State RI	City Seekonk	State MA
Zip 02909		Zip 02771	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE BOX FOR ATTACHMENT)			
Director Name Jose Mazariegos (Trustees)		Director Name Lilian Escobar (Youth Director)	
Street Address 282 Waldo St Apt #1		Street Address 21 Health Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02908	
Director Name Menci Reinos (Women's Director)		Director Name Dayanara Baez (Ushers)	
Street Address 222 Wadsworth St		Street Address 220 Carpenter St. Apt #2	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02908	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

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 MAY 21 2013
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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.

Signature of Officer: *[Signature]* Date: **May 21st, 13**
 Print of Type Name of Officer: **Dev. Santos N. Escobar**
 Title of Officer: **Pastor / President.**