

## 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 2013

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.	2. Exact name of	the Corporation					
694267	Chris	tian Co	alition	FOR PO	litical	L Act	ion
State of Incorporation	4 Brief description	n of the character of h	isiness conducted in	Rhode Island			<del></del>
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	and The	sin Leaders	m Such C	in poll	11521	IOVELP	Capo
5. Principal office address 677 GRanst	Providen		State Par	Zip 0290	•		
6. LIST <u>ALL</u> OFFICERS (NAME:	S AND ADDRESSE	ES) ("X" BOX FOR AT			<u> </u>		
President Name EULOGIO ACEVEDO			Vice-President Name				
EULOGIO ACEVEDO Street Address			Jenny T. Kosa Rio				
677 CRanst	934 NarraganSett Blvd						
Providence	State RI	<sup>Zip</sup> 02907	Providen	<u>حو</u> '	State RI	029 05	5
Secretary Name ALBA MORYELYN	Treasurer Name Rafael Galarza						
Street Address CRaws:	ton St	Reet	Street Address -	PotteRS		10e	
FRONDENCE	State 1	Zip 02907	PROVIDE		State	Zip 02905	1
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("X" BOX FOR ATTACHMENT	) []						
Eulogio Ace	Director Name						
Street Address	Street Address	Sangu	vann	<del></del>	<del>- 00</del>		
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Providence	State R.T.	Zip 02907	PROVILE	nce.	State / L.I.	OZF 06	
Director Name			Director Name  Yayel	ALBA-1	_	$\alpha \simeq 1$	
Jenny Kos	yaryel	yu 140	eved	<u>o</u> :			
Street Address 934 narra	gansett	Berd	Street Address	CRauss	ton 8	5 <b>十</b> 呈	
PROVI dence	State RI	O2907	Provide	n ce	State RI	Zip 22 0	72
8. REGISTERED AGENT IN RHO						Ö	<u> </u>
This information is currently of							
This report must be sig	ned by either the P	President, Vice-Preside	nt, Secretary, Assista	nt Secretary, Treas	surer, Receiver	r or Trustee	
			•				
			Under penalty of	perjury, I declar	and affirm th	ıat I have exan	nined
File Date			Under penalty of this report, inclu and that all state	ding any accomb prents contained	anying sched berein are tru	luies and state ue and correct	ments
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Ву:		_	Signature of Office	*		b∕ate	
FOR SECRETARY OF STATE U	SE ONLY	FILED 125	U <i>J YA∤RY €</i> Print or Jype/Nam	e of Officer	ba A	Ceved	<u>'</u>
Form No. 631		• •	Alnaso	taur			
Revised: 05/2012	JI	UL 3 0 201 <b>3</b>	Title of Officer		<u>-</u>		
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