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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.**

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SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No.	2. Exact name of the Corporation
000105246	**Global Vision**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Preaching the Gospel of Jesus Christ.**

5. Principal office address	City	State	Zip
38 Chaffee Street	**Providence**	**RI**	**02909**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Mainor Aldana			**Olga Aldana**		
Street Address			Street Address		
36 Matthew Drive			**36 Matthew Drive**		
City	State	Zip	City	State	Zip
Johnston	**RI**	**02919**	**Johnston**	**RI**	**02919**
Secretary Name			Treasurer Name		
Lidy Orellana			**Jorge Leonel Orellana**		
Street Address			Street Address		
10 Red Brook Crossings			**10 Red Brook Crossings**		
City	State	Zip	City	State	Zip
Lincoln	**RI**	**02865**	**Lincoln**	**RI**	**02865**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Mainor Aldana			**Olga Aldana**		
Street Address			Street Address		
36 Matthew Drive			**36 Matthew Drive**		
City	State	Zip	City	State	Zip
Johnston	**RI**	**02919**	**Johnston**	**RI**	**02919**
Director Name			Director Name		
Lidy Orellana			**Jorge Leonel Orellana**		
Street Address			Street Address		
10 Red Brook Crossings			**10 Red Brook Crossings**		
City	State	Zip	City	State	Zip
Lincoln	**RI**	**02865**	**Lincoln**	**RI**	**02865**

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

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BY cm 221895
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File Date _____
Check No _____
By: _____
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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.

Mainor Aldana — **04/09/2014**
Signature of Officer — Date

Pastor Mainor Aldana
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012
105448-4-902808