

## 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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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			
Emily 15 tto.	2. CAGOT HAISTO OF	tile Corporation			
99194	First (	burchoff	nod Jehova Shar	YMY?	
State of Incorporation	4. Brief description	on of the character of bu	isiness conducted in Rhode Island	7.00	
n, i e	A				
Khode Island	Church				
5. Principal office address			City	State	Zip
130 Admiral St			Providence	RI	02908
E RIVER PROPERTY OF THE		EU PLEBAGETAT	TACHES TO		
President Name			Vice-President Name	<u> </u>	
Jose Marreno					
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
City Worcester	AUR .	AOF 2			
City	State	Zip	City	State	Zip
MACCONEC	MA	01610			
Secretary Name	•	1	Treasurer Name		
Jexcybelle Echevaria Joanna Minaya					
Street Address	CIVE CLA	evalue	Street Address	ya	
5 Fairman	t Ave.		City Providence	2000	CE MID
City	State	Zip	191 C/VC1	BINUI	1 21. HA.12
worrester	MA	1 '	Providence	State	(2)2/3/3/3
The state of the s		01604	MOVICKINGE	124	02908
7. IST ALL DIRECTORS NAME BOX FOR ATTACHMENT	S AND ADDRES	SES). AHODE ISLAND	CORPORATIONS MUST LIST NO	LESS THAN	THREE (3) DIRECTORS
Disease No.		And the state of t	In <b>3</b>		
YudelKa	Minaya	L	Director Name, CIII berto Sa	ntana	
291 Chad brown St. Apt. B			Street Address 718 Mineral Spring Ave City Pawfucket R.I. 02860		
City Providence	State $\mathcal{K}\mathcal{L}$	Zip 0 2908	City Pawtucket	State	Zip () $\rightarrow$ X(a, l)
Director Name			Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 00000
Joviel Ma	rren				
C4 A B -1-1		1 0	Street Address		
11 Jaques	Ave AP	ナルシ			
11 Jagues City Worcester	State	Zip	City	State	Zip
Worrester	MA	1011110	,		P
8. REGISTERED AGENT IN RHO				*/**	
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, duly Authorized Representative, Receiver					
or Trustee	i tile Flesidelit, V	ice-r resident, Secretar)	v, Assisiant Secretary, Treasurer, aut	y Authorizea Hi	epresentative, Receiver
		EU ED			
		FILED			
The State of the S	stati Bariya		Under penalty of perjury, I decl	are and affirm	that I have examined
File Date 178/224 MAY 7 0 7011 this report, including any accompanying schedules and statements					
and that all statements contained herein are true and correct.					
Check No. #540		541/2	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1	· ·
	BY	<u> </u>	- Hanne ///	Lun	-) Elistia
Eyr.			Signature of Officer or Authorized	Representativ	e Date
FOR SECRETARY OF STATE U	SE ONLY			-p	
			Joseph Minne	:	
Form No. 631		•	Print or Tuno Name of Officer	t utbories d 🖂 –	
De Zeed - 04/0084			Print or Type Name of Officer or A	читопиеа нер	resentative