



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

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 to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000657114

**2. Name of Corporation** THE AWAKENING PLACE

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 129 MASON STREET

City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ESTABLISH AND MAINTAIN A PLACE OF WORSHIP AND RELATED SERVICES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ELYOSER HERNANDEZ	7 MAIN STREET PO BOX 901 SLATERSVILLE, RI 02876 USA
TREASURER	ANGIE J MOORE	870 WARREN AVE APT 105 EAST PROVIDENCE, RI 02914 USA
SECRETARY	EMILY A RESTO	17 SHADOWBROOK LANE APT 21

		MILFORD, MA 01757 USA
DIRECTOR	VANESSA HERNANDEZ	7 MAIN STREET PO BOX 901 SLATERSVILLE, RI 02876 USA
DIRECTOR	CECILIA URIZAR	129 ROCK RIDGE DR WOONSOCKET , RI 02895 USA
DIRECTOR	GABRIEL CAMINERO	193 SAYLES STREET APT 5 WOONSOCKET, RI 02895 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ELYOSER HERNANDEZ 562 CASS AVENUE WOONSOCKET , RI 02895

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 15 Day of July, 2014 at 3:29:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By EMILY RESTO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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