



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

Foreign Non-Profit
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. 000638646

2. Name of Corporation Aliento de Vida, Ministerios Evangelisticos/Social/Educative Centro de Rehabilitacion Alcohol y/u drogas, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 1063 ATWELLS AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 253 OAK STREET

PO BOX 6400

City or Town: HOLYOKE State: MA Zip: 01040 Country:

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

TO REHABILITATE INDIVIDUALS THAT USE ALCOHOL AND OTHER DRUGS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSE DISLA	1063 ATWELLS AVE PROVIDENCE, RI 02909 USA
TREASURER	LUZ M DIAZ	775 BROAD ST CENTRAL FALLS, RI 02886 USA
SECRETARY	LIMARY ROSARIO	1063 ATWELLS AVE PROVIDENCE, RI 02909 USA
CLERK	MARIO A ROSARIO	1063 ATWELLS AVE

DIRECTOR	ISMAEL DIAZ	PROVIDENCE, RI 02909 USA 1063 ATWELLS AVE PROVIDENCE, RI 02909 USA
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**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**

ISMAEL DIAZ 75 CORINTH STREET PROVIDENCE , RI 02907

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

Signed this 29 Day of July, 2014 at 10:06:21 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 ISMAEL DIAZ
Signature of Authorized Person

Form No. 631
Revised 09/07