



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 2015

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. 149400		2. Exact name of the Corporation Iglesia La Esperanza, Inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 15 Valley Street		City Providence	State RI	Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alejandro Gaete			Vice-President Name		
Street Address 80 DEAN ST.			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Lourdes Ozuna			Treasurer Name Eugenia Giron		
Street Address 100 Broad St #102			Street Address 6 Rosemont Ave		
City Providence	State RI	Zip 02903	City Johnston	State RI	Zip 02919
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Alejandro Gaete			Director Name Eugenia Giron		
Street Address 80 DEAN ST			Street Address 6 Rosemont Ave		
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919
Director Name Lourdes Ozuna			Director Name		
Street Address 100 Broad St #102			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

FILED

JUN 01 2015

BY 1633

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.

Eugenia Giron **May 26/2015**
 Signature of Officer or Authorized Representative Date

Eugenia Giron
 Print or Type Name of Officer or Authorized Representative

File Date _____
 Check No _____
 By: _____
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