



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. 742474		2. Exact name of the Corporation IGLESIA EVANGELICA "HOREB"			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island RELIGION (NON) PROFIT CHURCH			
5. Principal office address 583 HARRIS AVE		City PROVIDENCE		State RI	Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MARILENA ENRIQUEZ			Vice-President Name MANUEL ENRIQUEZ		
Street Address 42 LYNCH ST			Street Address 42 LYNCH ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name ALCIRA ORTIZ			Treasurer Name ALCIRA ORTIZ		
Street Address 37 ARMINGTON AVE			Street Address 37 ARMINGTON AVE		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
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 MARILENA ENRIQUEZ			Director Name MANUEL ENRIQUEZ		
Street Address 42 LYNCH ST			Street Address 42 LYNCH ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name ALCIRA ORTIZ			Director Name		
Street Address 37 ARMINGTON AVE			Street Address		
City PROVIDENCE	State RI	Zip 02908	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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.

JUN 30 2015

BY Ma 25/931

Signature of Officer or Authorized Representative

Date

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SECRETARY OF STATE
CORPORATIONS DIV
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