

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS EIVED Office of the Secretary of State - Division of Business Services OF STATE 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

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 DESULT IN A \$25.00 DENALTY SEE

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1. Entity ID No.	2. Exact name of the Corporation								
125584	UN NUEVO COMIENZO								
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island								
	TO PROMOTE THE VALUES AND PRINCIPLES OF THE KINGDOM OF G								
RHODE ISLAND	The second second	ORTH MAIN S							
5. Principal office address			City			State	Zip		
GO NORTH MAIN STREET			MOON	JSOCKET		RI	02895		
6. LIST ALL OFFICERS (NAME					And the district				
President Name WILFREDO RODRIGUEZ			Vice-President Name (1HIZZEL RODRICNEZ						
Street Address			Street Addres	ss		· · · · · · · ·	10-2		
437 NORTH MAIN STREET			437 NORTH MAIN STREET						
City	State	Zip	City			State	Zip		
WOONSOCKET	RI	02895	MOON	JSOCKET		RI	02895		
Secretary Name	Treasurer Na	ime							
MARIA WILLIAMS			LUIS OBISPO						
Street Address			Street Address						
SIXTH AJENUE			15 CEPAR STREET						
city WOONSOCKET	State RI	Zip 0 2895	City WKOT	WARWIC	. K	State RI	Zip 02893		
7. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRES) 🔲	SES), RHODE ISLAND	CORPORATI	ONS <u>MUST</u> LI	ST NO LE	SS THAN TH	IREE (3) DIRECTORS		
Director Name WILFREDO RODRIGUEZ			Director Nam	e CIRIZ	2EL	RODRIGIJ	E 2-		
Street Address 431 NOR	Street Addres			IH MAII					
City MOONSOCKET	State RI	zip 02895	City WDONS	OCKET		State RT	02895		
Director Name MARIA WILLIAMS			Director Name LUIS 0BISPO						
Street Address SIXTH AJENUE			Street Address 15 CEP AR STREET						
City WOONSOCKET	State	Zip 02895	City WKOT	WARWIC		State	02893		
REGISTERED AGENT IN RHO			11/6/	VO NOW	-10	<u>いた</u>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.									
his report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver									

or Trustee

File Date	Under penalty of perjury, declare and affirm that I have example this report, including any accompanying schedules and state and that a statements contained herein are true and correct					
Check No By:	IUN 3 0 2015	Signature of other or Authorized Re	j	<u>une 30/2015</u>		
FOR SECRETARY OF STATE USE ONLY BY_C	m 25198/	GRIZZEL K	epresentative Odriguez	Date '		
Form No. 631 Revised: 04/2014		Print or Type Name of Officer or Auth		'e		