

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 20/5

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.	2. Exact name of t	he Corporation	, ,			
000793041	19ks	70,	ana Berania	,		
3. State of Incorporation	4. Brief description	of the character of bu	usiness conducted in Rhode Island	Religio	15 area	
Bhode Island so that they are able to have a so Her life						
5. Principal office address	Ave.	<i>'</i>	Middle foun	State	210 02842	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
President thame	Aldana		Vice-President Name	Aurales		
Street Address Prod man	51		Street Address Bod man	SF		
Providence	State	Zip 02 907	City Providen (a	State	Zip 07-90 7	
Secrétary Name / Inc.	Aldana		Trossure Name DUNCE	Yalid	Montes	
Street Address Rod man	st.		Street Addréss July Hill	Rd. wa	Cefield, Rd	Cast
City Providence	State	21p 02907	Clakefield	State	2ip 2879	
7. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRESS) \square	SES), RHODE ISLAND	CORPORATIONS MUST LIST NO I	LESS THAN TH	IREE (3) DIRECTO	RS
Director Mame 9 Barber	<i>3</i>)		Director Name Bet 2adia 1	Mo rale	ľ	
Street Address 33	Benefit	<u>5</u> /.	Street Address Rantan	51.		
Pawtucket.	State Z	02861	City Providence	State /3 [Zip 02909	
Difector Name Julio Barbara	ð ,		Director Name		28	
Street Address By his	St.		Street Address		NO S	in Light
"Pautake!	State	Zip 02861	City	State	Zip	
8. REGISTÈRED AGENT IN RHO	September 1 mg may 1 m m m m m m m m m m m m m m m m m m					51
			State. Changes require filing Form			
or Trustee	er ine Presideni, Vil	ce-President, Secretar	y, Assistant Secretary, Treasurer, duly	Authorized Rep	presenta us e, Receiù	∕er ™
		FILED C				·-1
File Date		NOV 1 7 2015	Under penalty of perjury, I decla this report, including any accom and that all statements containe	panying sche	dules and stateme	ents,
Check No	By 🕢	2412	The affect of		11/17	/15-
By: Signature of Officer or Authorized Representative Date FOR SECRETARY OF STATE USE ONLY.						
Form No. 631			Print or Type Name of Officer or Al	uthorized Repre		

Revised: 04/2014