

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

PROFIT CORPORATION ANNII A Providence of the composition of Business Services SECRETARY OF STATE CORPORATIONS DIV 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 RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of	the Corporation					
831745		_		,			
831765	Lales		de oración	Tehova Elphin			
3. State of Incorporation	4. Brief descriptio	n of the character of bu	siness conducted in Rhode Isla				
			- Church	is a Domestic Non-Pr			
KI	62 Ka	thous s	ST Corporal	rion - Christian Educa			
5. Principal office address		V	City	State Zip			
		ν	Mrzwerkat	KT 103842			
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Vice-President Name							
EUOS	Roias		Vice-President Name	Leen I Roices			
Street Address			Street Address	5			
148 Baurdon	BUNG	·	1 -1 0 1-1 0 1-1 1-1 1-1 1-1 1-1 1-1 1-1	on BLV9			
122200 Saket	State	Zip ()2895	l Comsaket	State Zip OFG5			
Secretary Name	` \		Treasurer Name				
Lymar	ie N. j	Sares	Adabel Cr	ัน ั			
Street Address S Four tair	ST		Street Address 240 Rock Ri	dge Dr.			
city Woonsocket	State 72 I	D 2895	city Woonsocke	State Zip			
		SES). RHODE ISLAND	CORPORATIONS MUST LI	ST NO LESS THAN THREE (3) DIRECTORS			
("X" BOX FOR ATTACHMENT) <u> </u>	CONTRACTOR OF CONTRACTOR	D: I N				
Director Name	Escal	era	Director Name	Diuz			
Street Address	C-7		Street Address				
38 Fourtour	21	T	245 Morin	n heights			
OHY OSOSOULET	State	Zip 67895	city Unporsallet	State Zip D8895			
Director Name	1		Director Name	2 * in 1			
			Dathi	re Collistobal			
Street Address			Street Address	on Buid			
City	State	Zip	City	State Zip			
			Licens ockel	F 18I 09812			
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							
This report must be signed by eith	er the President, V	ice-President, Secretar	v, Assistant Secretary, Treasur	er, auly Authorizea Hepresentative, Hecelver			

or Trustee

File Data		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No. 1991 and 1992 and 19	United a company	and that all statements contained herein are true and	3-8-16	
FOR SECRETARY OF STATE USE ONLY	FILED	Signature of Officer or Authorized Representative	Date	
Form No. 631	MAR 08 2016	Print or Type Name of Officer or Authorized Representation	ve	

By \$ 269 545